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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | art 1: Identify Yourself | | | | | | | |
|-----|---|--|---------|---|--|--|--|--|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
| 1. | Your full name | | | | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Abraham First name | | Saramma First name | | | | |
| | | Middle name | | Middle name | | | | |
| | Bring your picture | Cheriyakavil Daniel | Abraham | | | | | |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | | Last name and Suffix (Sr., Jr., II, III) | | | | |
| | | | | | | | | |
| 2. | All other names you have used in the last 8 years | FKA ABRAHAM CHERIAKAVIL DANIEL | | | | | | |
| | Include your married or maiden names. | | | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1374 | | xxx-xx-0978 | | | | |

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Debtor 1 Abraham Cheriyakavil Daniel
Debtor 2 Saramma Abraham

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ■ I have not used any business name or EINs. Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 8337 W. Harrison Niles, IL 60714 | If Debtor 2 lives at a different address: | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Cook County | County | | | |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| Number, P.O. Box, Street, City, State & ZIP Code | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |

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| | otor 1 Abraham Cheriyal otor 2 Saramma Abraham | | | | | | |
|-----------------------------|--|---|--|--|--|------------------|--|
| Dor | Toll the Court About 1 | Varia Bankarint | ov Coop | | | | |
| 7. | Tell the Court About Your Bankruptcy Case The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy | | | | | | |
| | Bankruptcy Code you are choosing to file under | (Form 2010)). | Also, go to the top | of page 1 and check the appropria | ate box. | | |
| | g | Chapter 7 | | | | | |
| | | ☐ Chapter 1 | 1 | | | | |
| | | ☐ Chapter 12 | 2 | | | | |
| | | ☐ Chapter 13 | 3 | | | | |
| 8. How you will pay the fee | | about he order. If a pre-pr ■ I need t | ow you may pay. Ty your attorney is su rinted address. to pay the fee in in | ypically, if you are paying the fee your being the fee your payment on your be stallments. If you choose this op | ack with the clerk's office in your local court for more yourself, you may pay with cash, cashier's check, or half, your attorney may pay with a credit card or che cion, sign and attach the Application for Individuals to | money ck with | |
| | | ☐ I request but is not applies | st that my fee be we ot required to, waive to your family size a | e your fee, and may do so only if y and you are unable to pay the fee | on only if you are filing for Chapter 7. By law, a judge our income is less than 150% of the official poverty in installments). If you choose this option, you must icial Form 103B) and file it with your petition. | line that | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | |
| | last 8 years? | ☐ Yes. | | | | | |
| | | Dis | strict | When | Case number | | |
| | | Dis | strict | When | Case number | | |
| | | Dis | strict | When | Case number | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | |
| | | De | ebtor | | Relationship to you | | |
| | | Dis | strict | When | Case number, if known | | |
| | | De | ebtor | | Relationship to you | | |
| | | Dis | strict | When | Case number, if known | | |
| 11. | Do you rent your residence? | ■ No. | So to line 12. | | | | |
| | | ☐ Yes. H | • | , , , | nst you and do you want to stay in your residence? | | |
| | | | No Co to line | 0.10 | | | |

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

bankruptcy petition.

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| | otor 2 Saramma Abrahar | | | Case number (if known) |
|---|---|--|---|---|
| | | | | |
| Par | Report About Any Bu | sinesses | You Own as a Sole Proprie | tor |
| 12. Are you a sole proprietor of any full- or part-time business? | | ■ No. | Go to Part 4. | |
| | | ☐ Yes. | Name and location of bus | siness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, Sta | te & ZIP Code |
| | it to this petition. | | Check the appropriate bo | ox to describe your business: |
| | | | ☐ Health Care Busi | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | ☐ Single Asset Rea | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | ☐ Stockbroker (as o | lefined in 11 U.S.C. § 101(53A)) |
| | | | ☐ Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | | | ☐ None of the above | e |
| Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach you | | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure | | |
| | For a definition of small | ■ No. | I am not filing under Cha | oter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or | Have Any | / Hazardous Property or An | y Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | |
| | of imminent and identifiable hazard to | — 103. | What is the hazard? | |
| | public health or safety? | | | |
| | Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | Where is the property? | |
| | | | | Number, Street, City, State & Zip Code |

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Debtor 1 Abraham Cheriyakavil Daniel
Debtor 2 Saramma Abraham

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-00871 Doc 1 Filed 01/11/17 Entered 01/11/17 19:18:29 Desc Main Document Page 6 of 84

| | | braham Cheriyal aramma Abrahar | | l Boodinent | | Case nur | mber (if known) | |
|-------------------------------------|---|--|--|---|--|-------------------------------|---|---|
| Par | t 6: An | swer These Questi | ions for Rep | orting Purposes | | | | |
| 16. What kind of debts do you have? | | | ir [- | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. | | | | |
| | | | | Yes. Go to line 17. | | | | |
| | | | | Are your debts primarily business debts? Business debts are debts that you incurred to obt money for a business or investment or through the operation of the business or investment. | | | | |
| | | | [| ☐ No. Go to line 16c. | | | | |
| | | | | ☐ Yes. Go to line 17. | | | | |
| | | | 16c. S | State the type of debts you owe the | hat are not consur | mer debts or busi | ness debts | |
| 17. | Are you Chapte | ı filing under r 7? | □ No. I | am not filing under Chapter 7. G | to to line 18. | | | |
| after any o | | y is excluded and | | am filing under Chapter 7. Do yo re paid that funds will be availab | | | | nd administrative expenses |
| | | administrative expenses are paid that funds will | | No | | | | |
| | be available for distribution to unsecured creditors? | | ⊒ Yes | | | | | |
| 18. | | How many Creditors do you estimate that you owe? | □ 1-49 | | 1 ,000-5,000 | | 2 5,001-5 | 0,000 |
| | • | | 50-99 | | ☐ 5001-10,000 | | ☐ 50,001-1 | |
| | | | ☐ 100-199 ☐ 200-999 | | □ 10,001-25,0 | 00 | ☐ More tha | n100,000 |
| 19. | | How much do you | \$0 - \$50 | 1.000 | □ \$1,000,001 · | - \$10 million | □ \$500,000 | 0,001 - \$1 billion |
| | estimat be wort | e your assets to h? | □ \$50,001 | - \$100,000 | □ \$10,000,001 | | | 00,001 - \$10 billion |
| | | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,0 ☐ More tha | 000,001 - \$50 billion in \$50 billion | |
| 20. | | uch do you | □ \$0 - \$50 | ,000 | □ \$1,000,001 | - \$10 million | \$500,000 | 0,001 - \$1 billion |
| | to be? | e your liabilities | | 1 - \$100,000 | □ \$10,000,001 □ \$50,000,001 | | | 000,001 - \$10 billion ,000,001 - \$50 billion |
| | | | — \$100,001 \$000,000 | | |)1 - \$100 million | | an \$50 billion |
| Par | t 7: Sig | n Below | | | | | | |
| For | you | | I have exar | nined this petition, and I declare | under penalty of p | perjury that the in | formation provided is | true and correct. |
| | | | | osen to file under Chapter 7, I an es Code. I understand the relief | | , , , | · · · | |
| | | | | ey represents me and I did not particular to be a likely and I have obtained and read the not | | | | elp me fill out this |
| | | | I request re | lief in accordance with the chapt | ter of title 11, Unite | ed States Code, s | specified in this petitio | n. |
| | | | | d making a false statement, conc case can result in fines up to \$2 | | | | |
| | | | | am Cheriyakavil Daniel | | /s/ Saramma | | |
| | | | Signature of | Cheriyakavil Daniel of Debtor 1 | | Saramma Ab Signature of De | | |
| | | | Executed o | MM / DD / YYYY | | | January 4, 2017 MM / DD / YYYY | |

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| Debtor 1 | Abraham Cheriyakavil Daniel |
|----------|-----------------------------|
| Debtor 2 | Saramma Abraham |

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ S. M. de | e Rath, Esq. | Date | January 4, 2017 | |
|-------------------------|-----------------------------|---------------|-----------------|--|
| Signature of | Attorney for Debtor | | MM / DD / YYYY | |
| S. M. de R | ath, Esq. | | | |
| Attorney S | S.M.de Rath, Esq. | | | |
| 233 S. Wa Chicago, I | cker Dr, 84th FL L 60606 | | | |
| Number, Street, | City, State & ZIP Code | | | |
| Contact phone | 312-283-8606 | Email address | | |
| 6206809 | | | | |
| Bar number & S | tate | | | |

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| | tor 1 Abraham Cheriya tor 2 Saramma Abraha | | iel | c | ase nur | mber (if known) | | |
|------|---|--|--|--|--|---|--|--|
| Pari | 6: Answer These Quest | ions for R | eporting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | individual primarily for a personal No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | | isiness debts? Business debts stment or through the operation | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you or | we that are not consumer debts | s or busi | iness debts | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | Yes. | I am filing under Chapter 7. Dare paid that funds will be ava | o you estimate that after any e allable to distribute to unsecure | xempt p | property is excluded and administrative expenses tors? | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | | □ 25,001-50,000 | | |
| | you estimate that you owe? | □ 50-99 □ 100-1 □ 200-9 | 99 | □ 5001-10,000 □ 10,001-25,000 | | ☐ 50,001-100,000 ☐ More than100,000 | | |
| 19. | How much do you estimate your assets to be worth? | □ \$100 | 550,000 101 - \$100,000 1001 - \$500,000 1001 - \$1 million | □ \$1,000,001 - \$10 mill □ \$10,000,001 - \$50 m □ \$50,000,001 - \$100 m □ \$100,000,001 - \$500 | nillion million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| 20. | How much do you estimate your liabilities to be? | □ \$100 | 550,000 001 - \$100,000 001 - \$500,000 ,001 - \$1 million | □ \$1,000,001 - \$10 mill □ \$10,000,001 - \$50 m □ \$50,000,001 - \$100 m □ \$100,000,001 - \$500 | nillion million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| Par | t 7: Sign Below | t. ABUILT-1 | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | |
| | | | | | | ible, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7. | | |
| | | If no atto documer | rmey represents me and I did not, I have obtained and read the | not pay or agree to pay someon e notice required by 11 U.S.C. | e who is § 342(b) | s not an attorney to help me fill out this). | | |
| | | I request | t relief in accordance with the c | hapter of title 11, United States | Code, | specified in this petition. | | |
| | | I under bankrup and 357 | CYCLESO CENTURSWEIN JINGS JUD I | concealing property, or obtain 5 \$250,000, or imprisonment is saranm | p g mon er up to la abrahan | ex or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, n dan 4, 2017) | | |
| | | /s/ Abra | aham Cheriyakavil Daniel ım Cheriyakavil Daniel | | | Abraham oraham | | |
| | | | e of Debtor 1 | | re of De | | | |
| | | Execute | d on January 4, 2017 MM / DD / YYYY | Execute | _ | January 4, 2017 MM / DD / YYYY | | |

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01/2012

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

| IN R | E: Abraham Cheriyakavil Daniel Saramma Abraham |) Chapter 7 Bankruptcy Case No. |
|-----------------|--|--|
| | Debtor(s) |) |
| | | ING ELECTRONIC FILING IPANYING DOCUMENTS |
| | DECLARATION O | OF PETITIONER(S) |
| A. | [To be completed in all cases] | |
| I(we) staten | have given my (our) attorney is true and corn | re under penalty of perjury that (1) the information |
| B. | [To be checked and applicable only if the liability entity.] | petition is for a corporation or other limited |
| | ☐ I,, the undersigned have been authorized to file this petition | ed, further declare under penalty of perjury that I on behalf of the debtor. |
| Abrah | nam Cheriyakavil Daniel | Saramma Abraham |
| Printe | d or Typed Name of Debtor or Representative | Printed or Typed Name of Joint Debtor |
| ·46 | chan's | Sa-amn <u>e Attabe</u> m |
| | CHERIYAKVI L BARI EL (Jan 4, 2017) | saranima abraham (Jan 4, 2017) |
| Signa | ture of Debtor or Representative | Signature of Joint Debtor |
| Janua | ary 4, 2017 | January 4, 2017 |
| Date | | Date |
| | | |

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| | | | _ |
|--|--|--|---|
| Fill in this information to id | entify your case: | | |
| United States Bankruptcy Co | urt for the: | | |
| NORTHERN DISTRICT OF I | LLINOIS | | |
| Case number (if known) | | Chapter you are filing under: | |
| | | ■ Chapter 7 | |
| | | ☐ Chapter 11 | |
| | | ☐ Chapter 12 | |
| | | ☐ Chapter 13 | ☐ Check if this an amended filing |
| The bankruptcy forms use y case—and in joint cases, the would be yes if either debto between them. In joint cases all of the forms. Be as complete and accurate | r owns a car. When information is needed s, one of the spouses must report informa e as possible. If two married people are fi | alone. A married couple may file a t from both debtors. For example, if a l about the spouses separately, the fation as <i>Debtor 1</i> and the other as <i>Deltor 2</i> and the other as <i>Deltor 2</i> and the other as <i>Deltor 3</i> and <i>Deltor 3</i> | |
| Part 7: Sign Below | | | |
| For you | I have examined this petition, and I dec | clare under penalty of perjury that the in | formation provided is true and correct. |
| | If I have chosen to file under Chapter 7 United States Code. I understand the re | , I am aware that I may proceed, if eligi elief available under each chapter, and | ble, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7. |
| | If no attorney represents me and I did r document, I have obtained and read th | | |
| | I request relief in accordance with the c | chapter of title 11, United States Code, | specified in this petition. |
| - 4 | CHERDanktupleystase can result in fines up t | to \$250,000, or impris tantemand | ey or property by fraud in connection with a |
| | and 3571. Isl Abraham Cheriyakavil Daniel | saramma abraham (Jan 4, /s/ Saramma | |
| | Abraham Cheriyakavil Daniel Signature of Debtor 1 | Saramma Ab Signature of Do | |

Executed on January 4, 2017
MM / DD / YYYY

Executed on January 4, 2017
MM / DD / YYYY

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Page 11 of 84 Document Fill in this information to identify your case: Debtor 1 **Abraham Cheriyakavil Daniel** Last Name Debtor 2 Saramma Abraham Middle Name Last Name (Spouse if, filing) First Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|-------------|----------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 6,950.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 6,950.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | i abilities at you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 152,064.14 |
| | Your total liabilities | \$ | 152,064.14 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 694.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 500.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for | a nersonal | family or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Debtor 1 Abraham Cheriyakavil Daniel Saramma Abraham

Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | |
|----|--|---|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | 1 |

250.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | | 100011 | Do | cument | Page 13 of 84 | 17 10.10.2 | -0 Dec | oo wan |
|---------------------|--|--|--|------------------------------------|---|----------------|---------------|---|
| Fill | in this inforn | nation to identify your | case and this filin | ıg: | | | | |
| Deb | tor 1 | Abraham Cheriya | | | Last Name | | | |
| Deb | tor 2 | Saramma Abraha | Middle Name | | Last Name | | | |
| | use, if filing) | First Name | Middle Name | | Last Name | | | |
| Unit | ed States Ba | nkruptcy Court for the: | NORTHERN DIS | TRICT OF ILL | INOIS | | | |
| Cas | e number _ | | | | _ | | | ☐ Check if this is an amended filing |
| Off | icial Fo | rm 106A/B | | | | | | |
| Sc | hedul | e A/B: Prop | erty | | | | | 12/15 |
| hink nfor | it fits best. Be mation. If more er every ques | e as complete and accura e space is needed, attach tion. | ate as possible. If two a separate sheet to | o married peop this form. On th | an asset fits in more than one le are filing together, both are ne top of any additional pages wn or Have an Interest In | equally respon | nsible for su | oplying correct |
| | No. Go to Part | t 2. | e interest in any resi | dence, building | g, land, or similar property? | | | |
| 1.1 | Street address, | if available, or other description | | Single-family Duplex or mu | ty? Check all that apply home ulti-unit building n or cooperative | the amount o | f any secured | ims or exemptions. Put I claims on <i>Schedule D:</i> Is Secured by Property. |
| | | | | | d or mobile home | Current valu | | Current value of the portion you own? |
| | City | State | ZIP Code | Timeshare | roperty | | | \$0.00 pur ownership interest ancy by the entireties, or |
| | | | | Debtor 1 only | | a life estate) | , if known. | |
| | County | | | At least one | Debtor 2 only of the debtors and another you wish to add about this iter tion number: | (see instr | uctions) | munity property |
| | | | Ne | ver owned p | property | | | |
| | pages you h | ave attached for Part 1 | | | from Part 1, including any | | > | \$0.00 |
| some 3. C | ou own, leas eone else driv | | le, also report it on | Schedule G: E | whether they are registere Executory Contracts and Une | | | hicles you own that |

☐ Yes

| | | Document | Page 14 of 84 | |
|---|---|--|---|--|
| Debtor 1 Debtor 2 | Abraham Cheriy Saramma Abrah | | Case number | (if known) |
| | | omes, ATVs and other recreational vehiors, personal watercraft, fishing vessels, sr | | ries |
| | | | · | |
| ■ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| 5 Add the | e dollar value of the | portion you own for all of your entries f | rom Part 2, including any entries for | or to oo |
| pages y | ou have attached fo | r Part 2. Write that number here | | \$0.00 |
| Part 3: De | scribe Your Personal a | nd Household Items | | |
| | | or equitable interest in any of the follow | ving items? | Current value of the |
| | | | | portion you own? Do not deduct secured claims or exemptions. |
| | old goods and furnis | shings furniture, linens, china, kitchenware | | |
| □ No | co. Major appliances, | drintare, interio, orinia, interioriware | | |
| Yes. | Describe | | | |
| | Do | btor's miscellaneous furniture and | household goods of debtor | 1 |
| | | debtor's possession, including but | | |
| | | ing/family room set, kitchen/dining | | |
| | | oles, and other misc household goo sidence, estimated approx FMV of g | | \$2,000.00 |
| | | | <u> </u> | |
| | De | btor's misc household kitchen app | liances, including but not | 1 |
| | lim | nited to, refrigerator, stove, microw | ave, blender, toaster, pots, | |
| | | ns, silverwear, cooking utencils, et sidence, estimated approximate av | | \$500.00 |
| | 163 | muence, estimated approximate ave | erage i m v not over \$500.00 | |
| 7. Electron | nics | | | |
| | es: Televisions and ra | dios; audio, video, stereo, and digital equi | pment; computers, printers, scanners | s; music collections; electronic devices |
| □ No | including cell phor | nes, cameras, media players, games | | |
| Yes. | Describe | | | |
| | | | | 1 |
| | | btor's electronics: misc. electronic nited to t.v., radio, speakers, smart | | |
| | loc | cated at debtor's residence, total es | | |
| | un | der \$1000.00 | | \$1,000.00 |
| | | | | |
| • | bles of value es: Antiques and figur | ines; paintings, prints, or other artwork; bo | ooks, pictures, or other art objects; sta | amp, coin, or baseball card collections; |
| | | memorabilia, collectibles | • | |
| □ No | Describe | | | |
| — 165. | Describe | | | |
| | | btor's knicknacks, odds and ends, | | |
| | | cture, decor, books, collectables, et sidence, total estimated FMV appro | | \$500.00 |
| | | and the appropriate appropriat | | |
| 9. Equipme | ent for sports and ho | obbies | | |
| | | hic, exercise, and other hobby equipment; | bicycles, pool tables, golf clubs, skis | ; canoes and kayaks; carpentry tools; |
| □ No | musicai mstrumen | ıo | | |
| Yes. | Describe | | | |

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| Debtor 1 Debtor 2 | Case 17-0 Abraham Ch | neriyakavil [| Doc 1 | Filed 01/11/17 Document | Entered 01/11/17 19: Page 15 of 84 Case number | | Desc Main | |
|--------------------------|--------------------------------|--------------------------------------|--|---|---|-------------|--------------|------------|
| | | to bike, s | ports equ | ipment, balls, came | nt, including but not limited era, located at debtor's kimately under \$250. | | | \$250.00 |
| ■ No | | s, shotguns, a | nmunition, | and related equipment | | | | |
| □ No | | othes, furs, le | ather coats | , designer wear, shoes | accessories | | | |
| | | coats, jac swimsuits childrens | kets, jear s, boots, s clothing, | ns, underclothing, s sandels, purses, be | not limited to shirts, pants, ocks, shoes, shorts, t-shirts, lts, hats, gloves, dresses, or's residence, total \$2000 | | | \$2,000.00 |
| □ No | | welry, costum | ne jewelry, e | engagement rings, wed | ding rings, heirloom jewelry, watche | es, gems, g | jold, silver | |
| | | earrings, | bracelets | | ut not limited to watch, rings, cated at debtor's residence, der \$500 | | | \$500.00 |
| Examp ■ No — | rm animals bles: Dogs, cats, l | birds, horses | | | | | | |
| 14. Any ot l ■ No | | | items you | did not already list, i | ncluding any health aids you did | not list | | |
| | | | | om Part 3, including a | ny entries for pages you have att | ached | \$6, | 750.00 |

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 \square No

■ Yes.....

Entered 01/11/17 19:18:29 Case 17-00871 Doc 1 Filed 01/11/17 Desc Main Page 16 of 84 Document Abraham Cheriyakavil Daniel Debtor 1 Debtor 2 Saramma Abraham Case number (if known) Debtor's cash & coins on hand in cookie jar/under mattress, etc. for emergencies, snow days. etc, located at debtor's residence, current estimated FMV not over \$100.00 \$100 at a time. 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... 17.1. **Savings Account** \$100.00 **Checking Account: CHASE BANK** \$0.00 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

■ No
□ Yes. Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

| | | Case 1 | 7-00871 | Doc 1 | | | /11/17 19:18:29 | Desc Main |
|----------------|---------|--|---|---------------|--|--------------------------|-------------------------------|---|
| Debto Debto | | | Cheriyakavi Abraham | il Daniel | Document | Page 17 of 8 | Case number (if known) | |
| | | | | and descript | ion | | Caco nambor (ii kilowi) | |
| Ц, | Yes | | Issuer name | and descript | ion. | | | |
| | U.S.C | | ation IRA, in a 1), 529A(b), ar | | | ogram, or under a q | ualified state tuition pro | ogram. |
| - | | | Institution na | me and desc | cription. Separately file t | he records of any inte | erests.11 U.S.C. § 521(c): | |
| = 1 | No | • | future intere | | rty (other than anythir | ng listed in line 1), a | nd rights or powers exe | rcisable for your benefit |
| 26. Pa | atents | , copyrights | s, trademarks, | trade secre | ets, and other intellect | | | |
| = 1 | No . | | | | roceeds from royalties a | and licensing agreem | ients | |
| П, | Yes. | Give specific | information at | oout them | | | | |
| | xamp | | es, and other of permits, exclusion | | | n holdings, liquor lice | enses, professional licens | es |
| | Yes. | Give specific | information al | oout them | | | | |
| Mone | y or p | property owe | ed to you? | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 Ta | ıx refi | unds owed t | o vou | | | | | |
| | | | . , | | | | | |
| | Yes. (| Give specific | information ab | out them, inc | cluding whether you alre | eady filed the returns | and the tax years | |
| | | | | | | | | |
| E | xamp | support <i>les:</i> Past due | or lump sum a | alimony, spo | usal support, child supp | ort, maintenance, div | orce settlement, property | settlement |
| ■ I | | Sive specific | information | | | | | |
| | 165. (| Sive specific | iiiioiiiiatioii | • | | | | |
| | | <i>les:</i> Unpaid v | | y insurance | payments, disability ber someone else | nefits, sick pay, vacati | ion pay, workers' comper | nsation, Social Security |
| ■ I | | Give specific | information | | | | | |
| 31. Int | terest | s in insuran | ce policies | | | | | |
| | xamp | | | insurance; h | nealth savings account (| (HSA); credit, homeo | wner's, or renter's insurar | nce |
| □ ' | Yes. N | Name the ins | | | olicy and list its value. | Danafia | ion. | Currender or refund |
| | | | Comp | pany name: | | Benefic | aly. | Surrender or refund value: |
| lf ' | you a | | | | someone who has die ct proceeds from a life in | | re currently entitled to rece | eive property because |
| | | 0: | to Comment on | | | | | |
| Ц, | Yes. | Give specific | information | | | | | |
| | xamp | | | | you have filed a lawsu surance claims, or right | | d for payment | |
| | | Describe ead | ch claim | | | | | |
| 34. O t | her c | ontingent a | nd unliquidate | ed claims of | every nature, including | g counterclaims of | the debtor and rights to | set off claims |

Official Form 106A/B Schedule A/B: Property page 5

■ No

| | Case 17-00871 | Doc 1 | Filed 01/11/17 Document | | 1/11/17 19:18:29 | Desc Main |
|--------------|--|---------------------|-----------------------------|------------------------|---------------------------|------------------------|
| Debt | | Daniel | Document | Page 18 of | | |
| Debt | or 2 Saramma Abraham | | | | Case number (if known) | |
| | Yes. Describe each claim | | | | | |
| 35. A | ny financial assets you did not a | Iready list | | | | |
| | No | | | | | |
| | Yes. Give specific information | | | | | |
| 36. | Add the dollar value of all of you for Part 4. Write that number here | | | | | \$200.00 |
| Part | Describe Any Business-Related Pr | roperty You | Own or Have an Interest | In. List any real esta | ite in Part 1. | |
| | you own or have any legal or equital | | | - | | |
| | No. Go to Part 6. | bic interest i | in any business related p | operty: | | |
| | Yes. Go to line 38. | | | | | |
| | | | | | | |
| Part | Describe Any Farm- and Commerce If you own or have an interest in farm | | | n or Have an Interes | et In. | |
| 46. C | o you own or have any legal or e | quitable in | terest in any farm- or o | commercial fishin | g-related property? | |
| | No. Go to Part 7. | | | | | |
| | Yes. Go to line 47. | | | | | |
| | | | | | | |
| Part ' | Describe All Property You Ow | vn or Have a | in Interest in That You Did | Not List Above | | |
| | o you have other property of any Examples: Season tickets, country of | | | | | |
| | No | | | | | |
| | Yes. Give specific information | | | | | |
| 54. | Add the dollar value of all of you | r entries fr | om Part 7. Write that n | umber here | | \$0.00 |
| Part | List the Totals of Each Part of | this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | | | \$0.00 | | |
| 57. | Part 3: Total personal and house | hold items | , line 15 | \$6,750.00 | | |
| 58. | Part 4: Total financial assets, line | | | \$200.00 | | |
| 59. | Part 5: Total business-related pro | • • • | | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-re | | | \$0.00 | | |
| 61. | Part 7: Total other property not li | isted, line 5 | 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines | s 56 througl | h 61 | \$6,950.00 | Copy personal property to | stal \$6,950.00 |
| 63. | Total of all property on Schedule | A/B . Add li | ine 55 + line 62 | | | \$6,950.00 |

Official Form 106A/B Schedule A/B: Property page 6

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| | | I A A A I II I I I | <u> </u> | |
|---------------------|--------------------------|--------------------|-------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Abraham Cheriya | akavil Daniel | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Saramma Abraha | ım | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is ar amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E | xempt | | | |
|----|---|--------------------------------------|---------|---|------------------------------------|
| 1. | Which set of exemptions are you claiming? | ? Check one only, eve | n if yo | our spouse is filing with you. | |
| | ■ You are claiming state and federal nonbanl | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 t | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Debtor's miscellaneous furniture and | \$2,000.00 | | \$1,000.00 | 735 ILCS 5/12-1001(b) |
| | household goods of debtor, in debtor's possession, including but not limited to: bedroom set, living/family room set, kitchen/dining room set, chairs, lamps, tables, and other misc household goods, located at debtor's r Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Debtor's misc household kitchen | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| | appliances, including but not limited to, refrigerator, stove, microwave, blender, toaster, pots, pans, silverwear, cooking utencils, etc., located at debtor's residence, estimated approximate average FMV not over \$500.00 | | | 100% of fair market value, up to any applicable statutory limit | |

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Page 20 of 84 Document **Abraham Cheriyakavil Daniel** Debtor 1 Saramma Abraham Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Debtor's electronics: misc. 735 ILCS 5/12-1001(b) \$1,000.00 \$1,000.00 electronics i.e. including but not limited to t.v., radio, speakers, 100% of fair market value, up to smartphone, electronic games, etc. any applicable statutory limit located at debtor's residence, total estimated FMV approximately under \$1000.00 Line from Schedule A/B: 7.1 Debtor's knicknacks, odds and ends, 735 ILCS 5/12-1001(a) \$500.00 \$500.00 including but not limited to: picture, decor, books, collectables, etc. П 100% of fair market value, up to located at debtor's residence, total any applicable statutory limit estimated FMV approximately under \$500, Line from Schedule A/B: 8.1 **Debtor misc hobby & sports** 735 ILCS 5/12-1001(b) \$250.00 \$250.00 equipment, including but not limited to bike, sports equipment, balls, 100% of fair market value, up to camera, located at debtor's any applicable statutory limit residence, total estimated FMV approximately under \$250. Line from Schedule A/B: 9.1 Debtor's used clothing, including but 735 ILCS 5/12-1001(a) \$2,000.00 \$2,000.00 not limited to shirts, pants, coats, jackets, jeans, underclothing, socks, 100% of fair market value, up to shoes, shorts, t-shirts, swimsuits, any applicable statutory limit boots, sandels, purses, belts, hats, gloves, dresses, childrens clothing, etc located at debtor's residence Line from Schedule A/B: 11.1 Debtor's costume jewery, including 735 ILCS 5/12-1001(b) \$500.00 \$500.00 but not limited to watch, rings, earrings, bracelets, necklaces, etc. 100% of fair market value, up to located at debtor's residence, total any applicable statutory limit estimated FMV approximately under \$500 Line from Schedule A/B: 12.1 Debtor's cash & coins on hand in 735 ILCS 5/12-1001(b) \$100.00 \$100.00 cookie iar/under mattress, etc. for emergencies, snow days, etc, 100% of fair market value, up to located at debtor's residence, current any applicable statutory limit estimated FMV not over \$100 at a

\$100.00

Line from Schedule A/B: 16.1

Line from Schedule A/B: 17.1

Savings Account

735 ILCS 5/12-1001(b)

\$100.00

100% of fair market value, up to any applicable statutory limit

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| Debtor 1 Debtor 2 | Saramma Abraham | | | Case number (if known) | | |
|----------------------|--|---|--------|--------------------------------------|------------------------------------|--|
| | f description of the property and line on edule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | ecking Account: CHASE BANK | \$0.00 | | \$0.00 | 735 ILCS 5/12-1001(b) | |
| LINE | Holli Scredule A/B. 17.2 | 100% of fair market value, up to any applicable statutory limit | | , · · | | |
| | you claiming a homestead exemption oject to adjustment on 4/01/19 and every No | | | led on or after the date of adjustme | nt.) | |
| | Yes. Did you acquire the property cover ☐ No ☐ Yes | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? | |

Case 17-00871 Doc 1 Filed 01/11/17 Entered 01/11/17 19:18:29 Desc Main

| | | 1212111 | 1 | |
|---|-------------------------|-------------------|---|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Abraham Cheriya | kavil Daniel | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Saramma Abraha | ım | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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| | Cas | 36 11-00011 D | | Document | Page 2: | 3 of 8/1 | 13.10.23 | 530 Main |
|--------------------------|---|---|---|---|---------------------------------|--|---|--------------------------------------|
| Fill | I in this inform | ation to identify your ca | | DOCUMENT. | Faut. 7. | 3 (11 04 | | |
| DΔ | btor 1 | Abraham Cheriyak | avil Daniel | | | | | |
| De | DIOI I | First Name | Middle N | | Last Name | | | |
| De | btor 2 | Saramma Abrahan | n | | | | | |
| (Spo | ouse if, filing) | First Name | Middle N | ame | Last Name | | | |
| Un | ited States Ban | kruptcy Court for the: | NORTHERN | N DISTRICT OF ILL | INOIS | | | |
| Ca | se number | | | | | | | |
| (if kı | nown) | | | _ | | | | Check if this is an |
| | | | | | | | | amended filing |
| Դք∙ | ficial Form | 106E/F | | | | | | |
| | | /F: Creditors Wh | no Have | Unsecured | Claims | | | 12/15 |
| | | | | | | Part 2 for araditar | ro with NONDRIORITY o | laims. List the other party to |
| ich ich eft. am | edule G: Execute edule D: Credito Attach the Cont ne and case num | inuation Page to this page ber (if known). | ed Leases (Of red by Proper . If you have r | fficial Form 106G). Do ty. If more space is n no information to rep | o not include leeded, copy t | any creditors wit the Part you need | h partially secured clair I, fill it out, number the | ns that are listed in entries in the |
| | | of Your PRIORITY Uns | | | | | | |
| 1. | • | rs have priority unsecured | claims agains | st you? | | | | |
| | No. Go to Pa | art 2. | | | | | | |
| _ | Yes. | NONDOLODITY | | | | | | |
| | | of Your NONPRIORITY | | | | | | |
| 3. | _ | rs have nonpriority unsecu | _ | | | | | |
| | ☐ No. You have | e nothing to report in this par | rt. Submit this t | form to the court with y | our other sche | edules. | | |
| | Yes. | | | | | | | |
| 4. | unsecured claim | nonpriority unsecured clain, list the creditor separately or holds a particular claim, list | for each claim. | For each claim listed, | identify what t | type of claim it is. I | Oo not list claims already | included in Part 1. If more |
| | Tult 2. | | | | | | | Total claim |
| | AMCA/A | mer Medical Collecti | ion | | | | | |
| 4.1 | | ine medical conecti | 011 | Last 4 digits of acco | ount number | 0140 | | \$259.00 |
| | | Creditor's Name | | | | | _ : | |
| | 4 Westel | hester Plaza ດ | | When was the debt | incurred? | - | | |
| | | d, NY 10523 | | | | | | |
| | | reet City State Zlp Code | | As of the date you fi | ile, the claim i | is: Check all that a | apply | |
| | Who incur | red the debt? Check one. | | | | | | |
| | ■ Debtor ′ | 1 only | | ☐ Contingent | | | | |
| | ☐ Debtor 2 | 2 only | | ☐ Unliquidated | | | | |
| | ☐ Debtor | 1 and Debtor 2 only | | ☐ Disputed | | | | |
| | ☐ At least | one of the debtors and anot | her | Type of NONPRIORI | ITY unsecured | d claim: | | |
| | ☐ Check i | if this claim is for a comm | unity | ☐ Student loans | | | | |
| | debt Is the clain | n subject to offset? | | Obligations arising report as priority claim | • . | aration agreement | or divorce that you did no | t |
| | ■ No | | | ☐ Debts to pension of | or profit-sharin | g plans, and other | similar debts | |
| | ☐ Yes | | | Other. Specify | Medical | | | |
| | | | | · · · — | | | | |

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| Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 st he claim subject to offset? No Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 least one of the debtors and another Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only | | 1 Abraham Cheriyakavil Daniel 2 Saramma Abraham | | Case number (if know) | |
|--|-----|--|---|--|------------|
| Nonprotry Craditor's Name Correspondence Po Box 981540 Between 1 only Debtor 2 only Amex Last 4 digits of account number Po Box 981540 Between 2 only Debtor 2 only Opened 01/12 Last Active 9/12/15 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 01/12 Last Active 9/12/15 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 01/12 Last Active 9/12/15 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 01/12 Last Active 1 Debtor 2 only Debtor 1 and Debtor 2 only Non incurred the debt? Check one. Opened 05/12 Last Active When was the debt incurred? Opened 05/12 Last Active When was the debt incurred? Opened 05/12 Last Active When was the debt incurred? Opened 05/12 Last Active When was the debt incurred? Opened 05/12 Last Active Opened 05/12 Last Active When was the debt incurred? Opened 05/12 Last Active Opened 05/12 | 4.2 | Amex | Last 4 digits of account number | 0613 | \$3.565.00 |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 1 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 1 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 8 only Debtor 8 only Debtor 9 only | | Nonpriority Creditor's Name Correspondence Po Box 981540 | | Opened 01/12 Last Active | ψο,σσσ.σσ |
| Debtor 1 only | , | | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 2 only Debtor 1 and Debtor 2 only Disputed | | Who incurred the debt? Check one. | | | |
| Debtor 1 and Debtor 2 only | | ■ Debtor 1 only | ☐ Contingent | | |
| At least one of the debtors and another Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Content of the debtor so and another Check if this claim is for a community debt Correspondence Content in the claim subject to offset? Contingent Con | | Debtor 2 only | ☐ Unliquidated | | |
| Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other: Specify Credit Card | | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| Check it is claim subject to offset? Credit Card | | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Is the claim subject to offset? No | | ☐ Check if this claim is for a community | ☐ Student loans | | |
| Amex Nonpriority Creditor's Name Correspondence Po Box 981540 EI Paso, TX 79998 Nounder 1 and Debtor 2 only Debtor 1 and Debtor 2 only Is the claim subject to offset? Amex Amex Amex Nonpriority Creditor's Name Correspondence Po Box 981540 EI Paso, TX 79998 No Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 claim subject to offset? Amex Amex Amex Amex Last 4 digits of account number Correspondence Po Box 981540 EI Paso, TX 79998 No Nonpriority Creditor's Name Correspondence Po Box 981540 EI Paso, TX 79998 Number Street City State Zip Code When was the debt incurred? Debts to pension or profit-sharing plans, and other similar debts As of the date you file, the claim is: Check all that apply When was string out of a separation agreement or divorce that you did not report as priority claims Credit Card 4.4 Amex Last 4 digits of account number Debts to pension or profit-sharing plans, and other similar debts When was the debt incurred? Opened 1/13/14 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 1/13/14 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 1/13/14 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 1/13/14 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 1/13/14 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 1/13/14 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 1/13/14 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 1/13/14 As of the date you file, the claim is: Check all that apply When was the debt incurred? Opened 1/13/14 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did no | | | | ration agreement or divorce that you did not | |
| Amex Nonpriority Creditor's Name Correspondence Po Box 981540 EI Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only | | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 st he claim subject to offset? No Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 least one of the debtors and another Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only | | □Yes | Other. Specify Credit Card | <u> </u> | |
| Correspondence Po Box 981540 EI Paso, TX 79998 Number Street City State ZID Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 sthe claim subject to offset? As of the date you file, the claim is: Check all that apply Cordingent Debtor 1 and Debtor 2 only Debtor 1 sthe claim subject to offset? As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Cordingent Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 3 only Debtor 4 tleast one of the debtors and another Check if this claim is for a community debt Student loans Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor | 4.3 | Amex | Last 4 digits of account number | 4653 | \$2,445.00 |
| Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only | | Correspondence Po Box 981540 | When was the debt incurred? | | |
| Debtor 1 only Debtor 2 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Correspondence Po Box 981540 EI Paso, TX 79998 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 street city State Zip Code At least one of the debtors and another Debtor 1 and Debtor 2 only Debtor 1 street city State Zip Code At least one of the debtors and another Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 specified Debtor 4 specified Debtor 5 only Debtor 5 only Debtor 6 specified Debtor 1 only Debtor 6 specified Debtor 1 only Debtor 7 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 specified Debtor 4 specified Debtor 5 only Debtor 6 specified Debtor 1 only Debtor 7 only Disputed Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed D | | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Correspondence Po Box 981540 EI Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Correspondence Po Box 981540 EI Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Student loans Student sain gout of a separation agreement or divorce that you did not report as priority claims Debtor 1 onfy Disputed Type of NONPRIORITY unsecured claim: Student loans Student loans Student loans Student sains gout of a separation agreement or divorce that you did not report as priority claims Debtor 1 onfy Debtor 2 onfy Debtor 2 onfy Disputed Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts | | _ | Пол | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 and Debtor 2 only Other. Specify Credit Card Amex Last 4 digits of account number Po Box 981540 El Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 2 only Debtor 3 and other similar debts Type of NONPRIORITY unsecured claim: Student loans Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Student loans Debtor 2 only Debtor 3 and another Student loans Debtor 4 claim is for a community debt Student loans Debtor 4 claim subject to offset? Debtor 5 pension or profit-sharing plans, and other similar debts | | _ | | | |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Cher. Specify Credit Card Amex Last 4 digits of account number Correspondence Po Box 981540 EI Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Cher. Specify Credit Card When was the debt incurred? Opened 1/13/14 As of the date you file, the claim is: Check all that apply Contingent Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Debtor 3 a separation agreement or divorce that you did not report as priority claims Debtor 4 only or of None Debtor 2 only Debtor 5 none or profit-sharing plans, and other similar debts | | <u> </u> | _ ` | | |
| Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as pr | | | • | d alabas | |
| debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify Credit Card Amex Last 4 digits of account number Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Credit Card When was the debt incurred? Opened 1/13/14 Opened 1/13/14 As of the date you file, the claim is: Check all that apply Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | d claim: | |
| Debts to pension or profit-sharing plans, and other similar debts Yes | | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Amex Nonpriority Creditor's Name Correspondence Po Box 981540 EI Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Other. Specify Credit Card Opened 1/13/14 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | • | ' ' ' | | |
| Amex Correspondence When was the debt incurred? Opened 1/13/14 | | | | | |
| Nonpriority Creditor's Name Correspondence Po Box 981540 EI Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? Opened 1/13/14 Opened 1/13/14 Opened 1/13/14 Opened 1/13/14 As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | ∐ Yes | Other. Specify Credit Card | <u> </u> | |
| Correspondence Po Box 981540 EI Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? Opened 1/13/14 As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 4.4 | | Last 4 digits of account number | 0983 | \$0.00 |
| Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts under the debt you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | Correspondence Po Box 981540 | When was the debt incurred? | Opened 1/13/14 | |
| □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts | | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts | | ■ Debtor 1 only | ☐ Contingent | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts | | ☐ Debtor 2 only | ☐ Unliquidated | | |
| □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts | | Debtor 1 and Debtor 2 only | _ ` | | |
| □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts | | | • | d claim: | |
| Is the claim subject to offset? ■ No □ Debts to pension or profit-sharing plans, and other similar debts | | ☐ Check if this claim is for a community | _ | | |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts | | | | ration agreement or divorce that you did not | |
| | | _ | <u>-</u> ' ' ' | g plans, and other similar debts | |
| LI 163 | | □Yes | ■ Other Specify Credit Card | | |

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| | Abraham Cheriyakavil Daniel Saramma Abraham | | Case number (if know) | |
|---|---|--|--|-------------|
| | Amex Nonpriority Creditor's Name | Last 4 digits of account number | 4583 | \$0.00 |
| | Correspondence Po Box 981540 El Paso, TX 79998 | When was the debt incurred? | Opened 01/14 Last Active 09/14 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| | AXELROD DAVID J & ASSOC | Last 4 digits of account number | 0110 | \$1,473.54 |
| | Nonpriority Creditor's Name 1448 OLD SKOKIE RD c/o FAST CASH ADVANCE | When was the debt incurred? | 12/4/2007 | |
| = | Highland Park, IL 60035 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify collection f | or FAST CASH ADVANCE (847) | |
| | Bank Of America | Last 4 digits of account number | 0780 | \$10,565.00 |
| | Nonpriority Creditor's Name Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410 | When was the debt incurred? | Opened 08/13 Last Active 4/14/15 | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | |

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| | Abraham Cheriyakavil Daniel Saramma Abraham | | Case number (if know) | |
|-----|---|--|--|----------|
| | Bank Of America Nonpriority Creditor's Name | Last 4 digits of account number | 6268 | \$0.00 |
| | Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410 | When was the debt incurred? | Opened 04/14 Last Active 7/13/16 | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □ Yes | Other. Specify Credit Card | <u> </u> | |
| | BELCHER MATTHEW J | Last 4 digits of account number | 4782 | \$0.00 |
| | Nonpriority Creditor's Name 350 N LASALLE#750 GENERAL CHANCERY Chicago, IL 60654 | When was the debt incurred? | 9/18/2008 | |
| _ | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | • | , | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | GENERAL CHANCERY | CHANCERY GENERAL Y | |
| 4.1 | BLATT HASENMILLER LEIBSKE | Last 4 digits of account number | 3791 | \$982.17 |
| | Nonpriority Creditor's Name 10 S LASALLE#2200 c/o PORTFOLIO RECOVERY | When was the debt incurred? | 10/11/2016 | |
| - | Chicago, IL 60603 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | <u> </u> | |
| | ■ No | Debts to pension or profit-sharing | | |
| | ☐ Yes | ■ Other. Specify PORTFOLI | O RECOVERY | |

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| | 1 Abraham Cheriyakavil Daniel 2 Saramma Abraham | | Case number (if know) | |
|----------|---|--|---------------------------------|-----------------|
| 4.1 1 | BOWMAN HEINTZ BOSCIA & MC | Last 4 digits of account number | 6800 | \$2,257.31 |
| | Nonpriority Creditor's Name 8605 BROADWAY MIDLAND FUNDING MA Merrillville, IN 46410 | When was the debt incurred? | 5/10/2007 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce the | nat you did not |
| | No | Debts to pension or profit-sharing | g plans, and other similar deb | ts |
| | ☐ Yes | | ON FOR BENEFICIAL FUNDING MA | & |
| 4.1 | Capital One | Last 4 digits of account number | 6260 | \$961.00 |
| | Nonpriority Creditor's Name | _ | Onened 04/44 eet | Activo |
| | Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 01/11 Last 7/12/11 | Active |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce the | nat you did not |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a nlana, and other similar deb | 40 |
| | ■ No | · | • | is |
| | ☐ Yes | Other. Specify Credit Card | | |
| 4.1 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 2129 | \$0.00 |
| | Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 06/11 Last 9/26/14 | Active |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce the | nat you did not |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar deb | ts |
| | Yes | ■ Other Specify Credit Card | <u> </u> | |

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| Debt | tor 2 Saramma Abraham | | Case number (if know) | |
|----------|--|--|--|-------------|
| 4.1 | Chase | Last 4 digits of account number | | \$15,000.00 |
| 4 | Nonpriority Creditor's Name Attn: Correspd Dept/Bankruptcy Po Box 15919 | When was the debt incurred? | | 410,000.00 |
| | Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| 4.1 5 | Chase Card | Last 4 digits of account number | 9978 | \$6,033.00 |
| | Nonpriority Creditor's Name Attn: Correspondence Po Box 15298 | When was the debt incurred? | Opened 12/14 Last Active 5/07/15 | |
| | Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 6 | Chase Card | Last 4 digits of account number | 5633 | \$2,894.00 |
| | Nonpriority Creditor's Name Attn: Correspondence Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 8/25/10 Last Active 12/06/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | and the second of the second o | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit Card | I | |

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| Debt | or 2 Saramma Abraham | | Case number (if know) | |
|----------|--|--|--|------------|
| 4.1 7 | Chase Card | Last 4 digits of account number | 1737 | \$2,324.00 |
| | Nonpriority Creditor's Name Attn: Correspondence Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 12/11 Last Active 1/17/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 8 | Chase Card Nonpriority Creditor's Name | Last 4 digits of account number | 3096 | \$0.00 |
| | Attn: Correspondence Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 10/08 Last Active 11/20/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 9 | Chase Card | Last 4 digits of account number | 6295 | \$4,797.00 |
| | Nonpriority Creditor's Name Attn: Correspondence Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 09/12 Last Active 1/01/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | ■ Other Specify Credit Card | 1 | |

Debtor 1 Abraham Cheriyakavil Daniel

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| Debt | or 2 Saramma Abraham | | Case number (if know) | | |
|----------|---|--|---|------------|--|
| 4.2 0 | Chase Card | Last 4 digits of account number | 5633 | \$3,921.00 | |
| | Nonpriority Creditor's Name Attn: Correspondence Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 08/10 Last Active 1/06/17 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | |
| 4.2 | Citibank | Last 4 digits of account number | 3648 | \$4,078.00 | |
| | Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 | When was the debt incurred? | Opened 10/14 Last Active 2/16/16 | | |
| | S Louis, MO 63129 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | |
| 4.2 2 | Citibank Nonpriority Creditor's Name | Last 4 digits of account number | 0834 | \$615.00 | |
| | Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179 | When was the debt incurred? | Opened 11/14 Last Active 12/01/16 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated ☐ Disputed | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | ag. someth of divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other, Specify Credit Card | I | | |

Official Form 106 E/F

Debtor 1 Abraham Cheriyakavil Daniel

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| Debto | or 2 Saramma Abraham | | Case number (if know) | |
|-------|---|--|---|--------|
| 4.2 | Citibank/The Home Depot | Last 4 digits of account number | 5813 | \$0.00 |
| | Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129 | When was the debt incurred? | Opened 1/11/15 Last Active 1/08/16 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. Debtor 1 only | Пол | | |
| | _ | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? ■ No | ☐ Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.2 | Citicards Cbna | Last 4 digits of account number | 8143 | \$0.00 |
| | Nonpriority Creditor's Name Citicorp Credit Svc/Centralized Bankrupt Po Box 790040 | When was the debt incurred? | Opened 04/14 Last Active 10/27/16 | |
| | Saint Louis, MO 63179 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | | |
| | Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.2 | Citicards Cbna Nonpriority Creditor's Name | Last 4 digits of account number | 6830 | \$0.00 |
| | Citicorp Credit Svc/Centralized Bankrupt Po Box 790040 | When was the debt incurred? | Opened 12/14 Last Active 11/14/16 | |
| | Saint Louis, MO 63179 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other Specify Credit Card | I | |

Case 17-00871 Doc 1 Filed 01/11/17 Entered 01/11/17 19:18:29 Desc Main Page 32 of 84 Document Debtor 1 Abraham Cheriyakavil Daniel Debtor 2 Saramma Abraham Case number (if know) 4.2 Citicards Cbna 8530 \$434.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 02/12 Last Active Citicorp Credit Svc/Centralized **Bankrupt** When was the debt incurred? 12/20/16 Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.2 City of Chicago \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Department of Revenue, Parking Tick 333 S. State Street Chicago, IL 60602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify for information Purposes ☐ Yes 4.2 Commonwealth Edison \$200.00 Last 4 digits of account number 8 Nonpriority Creditor's Name

3 Lincoln Center When was the debt incurred? Attn Bank Dept Oak Brook Terrace, IL 60181 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Utilities ☐ Yes

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| | 1 Abraham Cheriyakavil Daniel 2 Saramma Abraham | | Case number (if know) | |
|----------|---|--|---|------------|
| 4.2 9 | CORPORATION COUNSEL | Last 4 digits of account number | 0556 | \$4,500.00 |
| | Nonpriority Creditor's Name 30 N LASALLE 900 C/O CITY CHICAGO Chicago, IL 60602 | When was the debt incurred? | 2/20/2008 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify COLLECTION HOUSING | ON FOR CITY CHICAGO - 3730-32 W MONTROSE | |
| 4.3 | Department of the Treasury | Last 4 digits of account number | | \$0.00 |
| | Nonpriority Creditor's Name Internal Revenue Service P.O.Box 7346 | When was the debt incurred? | | |
| | Philadelphia, PA 19101-7346 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify for Informa | tion Purposes | |
| 4.3 | Discover Card | Last 4 digits of account number | | \$2,000.00 |
| | Nonpriority Creditor's Name POBox 30395 | When was the debt incurred? | 09/12/2016 | |
| | Salt Lake City, UT 84130-0395 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | Пол | | |
| | Debtor 2 only | Contingent | | |
| | _ | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured | | d claim: | |
| | At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | and the second state you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | □Yes | Other. Specify DEFAULT | JUDGEMENT | |

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| Debtor Debtor | 1 Abraham Cheriyakavil Daniel 2 Saramma Abraham | | Case number (if know) | |
|------------------|---|--|---|------------|
| 4.3 | Discover Financial | Last 4 digits of account number | 9149 | \$1,763.00 |
| | Po Box 3025 New Albany, OH 43054 | When was the debt incurred? | Opened 05/12 Last Active 4/15/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separation. | d claim: aration agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharing | on plans, and other similar debts | |
| | □ Yes | Other. Specify Credit Card | | |
| 4.3 | Discover Financial Nonpriority Creditor's Name | Last 4 digits of account number | 9081 | \$1,231.00 |
| | Po Box 3025 New Albany, OH 43054 Number Street City State Zlp Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim | Opened 09/12 Last Active 1/09/17 is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | □ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed Type of NONPRIORITY unsecured Student loans ☐ Obligations arising out of a separate of the priority claims | d claim: aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | 1 | |
| 4.3 | Divison of Traffic Safety Nonpriority Creditor's Name | Last 4 digits of account number | | \$0.00 |
| | Accident Records Division 1340 N 9th St Springfield, IL 62766-0001 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | s. Oncok all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No □ Yes | Debts to pension or profit-sharing | g pians, and other similar debts | |

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| Debto: | Abraham Cheriyakavil Daniel Saramma Abraham | Case number (if know) | |
|--------|---|---|--------|
| 4.3 | Equifax Credit Information Services | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name Bankruptcy Department P.O Box 740241 Atlanta, GA 30374-0241 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify for notice information purposes only | |
| 4.3 | Experian | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name Bankruptcy Dept P.O.Box 2002 Allen, TX 75013 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify for notice information purposes only | |
| 4.3 | II Dept of Human Services Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | 100 South Grand Ave East (800) 843-6154 | When was the debt incurred? | |
| | Springfield, IL 62762 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |

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| Debt | or 2 Saramma Abraham | | Case number (if know) | |
|----------|---|---|--------------------------|------------|
| 4.3 8 | II Dept of Transportation | Last 4 digits of account number | | \$0.00 |
| | Nonpriority Creditor's Name Div of Trans/ Crash Records Section | v of Trans/ Crash Records When was the debt incurred? | | |
| | 130 North 9th St Springfield, IL 62766-0020 | | | |
| | Number Street City State Zlp Code | State Zlp Code As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☐ Debtor 1 and Debtor 2 only | | | |
| | \square At least one of the debtors and another | | | |
| | ☐ Check if this claim is for a community | | | |
| | debt Is the claim subject to offset? | | | |
| | No | | | |
| | ☐ Yes ☐ Other. Specify notice purposes | | | |
| 4.3 9 | Lending Club Corp | Last 4 digits of account number | 7767 | \$8,758.00 |
| | Nonpriority Creditor's Name | _ | | |
| | 71 Stevenson St Suite 300 | When we do | Opened 12/14 Last Active | |
| | San Francisco, CA 94105 | When was the debt incurred? | 8/19/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | ■ Other. Specify Unsecured | | |
| 4.4 | Linebarger Goggan Blair & | | | |
| | Sampson Nonpriority Creditor's Name | Last 4 digits of account number | \$300.00 | |
| | Attorneys at Law P O Box 06152 | When was the debt incurred? | | |
| | Chicago, IL 60606-0152 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☐ Yes | Collection for City of Chicago for parking Other. Specify violations | | |

Debtor 1 Abraham Cheriyakavil Daniel

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| Saramma Abraham | Case number (if know) | |
|--|---|---------|
| Nicor Gas | | \$200 |
| Nonpriority Creditor's Name | Last 4 digits of account number | φ200 |
| Bankruptcy Dept | When was the debt incurred? | |
| POB 2020 | | |
| Aurora, IL 60507-0310 Number Street City State Zlp Code | As of the date year file, the plains in Check all that contr | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | Пол | |
| _ | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| ☐ Check if this claim is for a community debt | | |
| ls the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | ■ Other Specify Utilities | |
| | — Other. Specify | |
| O'LEARY LAW FIRM LLC | Last 4 digits of account number 2196 | Unkno |
| Nonpriority Creditor's Name | Last 4 digits of account number 2196 | Olikile |
| 20 N CLARK #850 | When was the debt incurred? 11/21/2014 | |
| C/O PEREZ, MARISELA | | |
| Chicago, IL 60602 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | 7.6 of the date you me, the stannie. Onesk an that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| _ | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify C/O PEREZ, MARISELA | |
| | | |
| Peoples Gas | Last 4 digits of account number | \$300 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| Chicago, IL 60687-0001 | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify utilities | |

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| Debt | or 2 Saramma Abraham | | Case number (if know) | |
|----------|---|--|---|-------------|
| 4.4 4 | Portfolio Recovery | Last 4 digits of account number | 1359 | \$5,650.00 |
| | Nonpriority Creditor's Name Po Box 41067 | When was the debt incurred? | Opened 04/16 | |
| | Norfolk, VA 23541 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | □ Yes | · | Company Account Comenity | |
| 4.4 5 | Portfolio Recovery | Last 4 digits of account number | 0535 | \$982.00 |
| | Nonpriority Creditor's Name Po Box 41067 | When was the debt incurred? | Opened 11/15 | |
| | Norfolk, VA 23541 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Bank | Company Account Synchrony | |
| 4.4 6 | ROGICH RICHARD B & ASSOC | Last 4 digits of account number | 0986 | \$50,000.00 |
| | Nonpriority Creditor's Name 111 W WASHINGTON #1200 | When was the debt incurred? | 1/25/2001 | |
| | c/o/ ARDISANA, RICHARD Chicago, IL 60602 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify MEDICAL I RICHARD | MAL-PRACTICE c/o/ ARDISANA, | |

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| Debtor 2 | Abraham Cheriyakavil Daniel Saramma Abraham | | Case number (if know) | |
|----------|--|--|--|-------------|
| 4.4 | Secretary of State | Last 4 digits of account number | | \$0.00 |
| | Nonpriority Creditor's Name Drivers Services Depart, Traffic V 2701 S. Dirksen Pwy | When was the debt incurred? | | <u></u> |
| - | Springfield, IL 62723-0001 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify for Information | tion Purposes | |
| 4.4 | SHAPIRO KREISMAN ASSOCIAT | Last 4 digits of account number | 3725 | \$0.00 |
| | Nonpriority Creditor's Name 2121 WAUKEGAN 301 WELLS FARGO BANK N A | When was the debt incurred? | 12/20/2010 | |
| - | BANNOCKBURN, IL 60015 Number Street City State Zlp Code | | c. Charle all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is | 5. Спеск ан тат арргу | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify WELLS FAF | RGO BANK N A | |
| 4.4 | SHELIST LAW FIRM LLC | Last 4 digits of account number | 0732 | \$11,407.00 |
| | Nonpriority Creditor's Name 29 E MADISON#1000 C/O JIMINEZ ADRIANMARI ALLSTATE | When was the debt incurred? | 11/30/2007 | |
| | Chicago, IL 60606 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is | s: Check all that apply | |
| | Debtor 1 only | | | |
| | Debtor 2 only | ☐ Contingent | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| | _ | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □ Yes | JIMINEZ AD | DRIANMARI ALLSTATE E PERSONAL INJURY(MOTOR GUBROGATION | |
| | | 7 =: | · · · • • · · · • • • • • • • • • • | |

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| | 1 Abraham Cheriyakavil Daniel 2 Saramma Abraham | | Case number (if know) | |
|----------|--|--|---|--------|
| 4.5 0 | State of Illinois | Last 4 digits of account number | | \$0.00 |
| | Nonpriority Creditor's Name Dept. Employment Security POBox 4385 Benefit repayments Chicago, IL 60680-4385 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify uemployme | ent benefits | |
| 4.5 | Synchrony Bank/Amazon | Last 4 digits of account number | 0535 | \$0.00 |
| | Nonpriority Creditor's Name | _ | On an ad 00/45 I and Anthur | |
| | Po Box 965064 Orlando, FL 32896 | When was the debt incurred? | Opened 02/15 Last Active 6/12/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.5 | Synchrony Bank/Amazon | Last 4 digits of account number | 1347 | \$0.00 |
| | Nonpriority Creditor's Name | | Opened 11/12 Last Active | |
| | Po Box 965064 Orlando, FL 32896 | When was the debt incurred? | Opened 11/12 Last Active 8/30/16 | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |

☐ Yes

■ Other. Specify Charge Account

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Debtor 1 Abraham Cheriyakavil Daniel Case number (if know) Debtor 2 Saramma Abraham 4.5 **TransUnion** \$0.00 Last 4 digits of account number 3 Nonpriority Creditor's Name **Bankruptcy Department** When was the debt incurred? P.O.Box 1000 Chester, PA 19022 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify for notice information purposes only 4.5 WELTMAN WEINBERG & REIS 1950 \$2,169.12 Last 4 digits of account number Nonpriority Creditor's Name **180 N LASALLE ST#240** When was the debt incurred? 5/13/2016 c/o DISCOVER BANK Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts collection for DISCOVER BANK (312) ☐ Yes Other. Specify 782-9676 Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? City of Chicago Line 4.40 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Department of Revenue** Part 2: Creditors with Nonpriority Unsecured Claims POBox 88292 Chicago, IL 60680-1292 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address City of Chicago Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Department of Revenue ■ Part 2: Creditors with Nonpriority Unsecured Claims POBox 88292 Chicago, IL 60680-1292 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Harris & Harris Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 600 W Jackson Blvd, Suite 400 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60661

Official Form 106 F/F

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| Debtor 2 Saramma Abraham | | Case number (if know) |
|--|---|---|
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | d you list the original creditor? |
| IL Dept of Human Services | Line 4.37 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 401 S. Clinton Street (800) 843-6154 Chicago, IL 60607 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| 3.110ago, 12 00007 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | d you list the original creditor? |
| Linebarger Goggan Blair & | Line 4.27 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Sampson Attorneys at Law | | Part 2: Creditors with Nonpriority Unsecured Claims |
| P O Box 06152 Chicago, IL 60606-0152 | | |
| 01110ag0, 1E 00000 0102 | Last 4 digits of account number | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | 01 | On the other co | 01 | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 0.00 |
| claims from Part 2 | 6a. | Obligations arising out of a separation agreement or divorce that | | |
| nom ran 2 | og. | you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 152,064.14 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 152,064.14 |

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| | | Docume | <u>ni Paue 43 0184</u> | |
|---------------------|-------------------------|-------------------|------------------------|--|
| Fill in this inform | nation to identify your | case: | | |
| Debtor 1 | Abraham Cheriya | kavil Daniel | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Saramma Abraha | ım | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

2.1 JOJI ABRAHAM 8337 W HARRISON ST NILES, IL 60714

2.2 Landlord residential lease

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| | | Document | Page 44 o | f 84 | |
|---------------------------------|---|--------------------------------|------------------------|--|--------------------------------------|
| Fill in this ir | nformation to identify your | case: | | | |
| Debtor 1 | Abraham Cheriya | | | | |
| Dahtano | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | Saramma Abraha First Name | Middle Name | Last Name | | |
| United State | s Bankruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | | |
| Case numbe | er | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official | Form 106H | | | | |
| | ıle H: Your Cod | ahtors | | | 12/15 |
| Scriedo | ile II. Tour Cour | 501013 | | | 12/13 |
| • | nd case number (if known). pu have any codebtors? (If y | | not list either spouse | as a codebtor. | |
| ■ No □ Yes | | | | | |
| | n the last 8 years, have you California, Idaho, Louisiana, | | | y? (Community property states ngton, and Wisconsin.) | and territories include |
| - o | | | | | |
| _ | 60 to line 3. Did your spouse, former spou | se, or legal equivalent live w | ith you at the time? | | |
| | Dia your opouco, formor opou | oo, or logal oquivalent live w | ian you at the time. | | |
| in line 2 | e again as a codebtor only if 16D), Schedule E/F (Official | that person is a guarantor | or cosigner. Make s | if your spouse is filing with sure you have listed the cred 6G). Use Schedule D, Sched | itor on Schedule D (Official |
| | olumn 1: Your codebtor me, Number, Street, City, State and ZII | ^o Code | | Column 2: The creditor to Check all schedules that a | o whom you owe the debt apply: |
| 0.4 | | | | Пол. т. в.: | |
| 3.1 Na | ame | | | _ ☐ Schedule D, line ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| Nu | umber Street | | | _ | |
| Cit | ty | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | ame | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | umber Street | | | _ | |
| Cit | ty | State | ZIP Code | | |

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| | | | | | | | _ | | | | |
|--------|---|-----------------------------|--|------------------------|-------------|------|----------------|-------------------|--------------|------------------------|----------|
| | in this information to i | , , | | | | | | | | | |
| | _ | | eriyakavil Daniel | | | | | | | | |
| 1 - | btor 2 ouse, if filing) | Saramma Al | oranam | | | _ | | | | | |
| Un | ited States Bankruptcy | y Court for the | NORTHERN DISTRIC | T OF ILLINOIS | | | | | | | |
| | se number | | | | | | | if this is: | | | |
| (11 10 | | | | | | | | amende uppleme | • | g postpetition | chapter |
| _ | · · · · - | | | | | | | | | llowing date: | |
| | fficial Form 1 | | | | | | MM | 1 / DD/ Y | YYY | | |
| | chedule I: Y | | ome sible. If two married peo | | | | | | | | 12/1 |
| spo | ruse. If you are separate sheet Tt 1: Describe I | rated and you to this form. | are married and not filir r spouse is not filing wi On the top of any addition | th you, do not inclu | de infori | mati | on about y | our spo | use. If mo | re space is | needed, |
| 1. | Fill in your employ information. | ment | | Debtor 1 | | | | Debtor 2 | or non-fil | ing spouse | |
| | If you have more the | | Employment status | ☐ Employed | | | | ☐ Emplo | yed | | |
| | information about a | | _mproyment etatae | ■ Not employed | | | | Not er | nployed | | |
| | employers. | | Occupation | | | | | | | | |
| | Include part-time, se self-employed work | | Employer's name | | | | | | | | |
| | Occupation may incor homemaker, if it a | | Employer's address | | | | | | | | |
| | | | How long employed th | nere? | | | | | | | |
| Pa | rt 2: Give Detai | ils About Mor | thly Income | | | | | | | | |
| | imate monthly incom use unless you are se | | ate you file this form. If y | you have nothing to re | eport for | any | line, write \$ | 0 in the | space. Inc | lude your no | n-filing |
| | ou or your non-filing sp e space, attach a sep | | ore than one employer, co | embine the informatio | n for all e | empl | oyers for the | at perso | n on the lir | nes below. If | you need |
| | | | | | | | For Debto | or 1 | | otor 2 or ng spouse | |
| 2. | | | ry, and commissions (becalculate what the monthly | | 2. | \$ | | 0.00 | \$ | 0.00 | |
| 3. | Estimate and list n | nonthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross In | come. Add lir | ne 2 + line 3. | | 4. | \$ | 0 | .00 | \$ | 0.00 | |

0.00

0.00

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| | tor 1 tor 2 | Abraham Cheriyakavil Daniel Saramma Abraham | _ | (| Case | number (if kn | own) | | | | |
|-----|-------------------|--|----------|----------|-----------|---------------|------------|------------|-----------|--------------------|--------|
| | | | | | For | Debtor 1 | | | or Debtor | | |
| | Сор | y line 4 here | 4. | | \$_ | C | .00 | \$ | | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | a. | \$ | 0 | .00 | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$_ | | .00 | \$ | | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 50 | . | \$ | | .00 | \$ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | 0 | .00 | \$ | | 0.00 | |
| | 5e. | Insurance | 5€ | €. | \$ | 0 | .00 | \$ | | 0.00 | |
| | 5f. | Domestic support obligations | 5f | | \$ | 0 | .00 | \$ | | 0.00 | |
| | 5g. | Union dues | 50 | g. | \$ | | .00 | \$ | | 0.00 | |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | \$_ | 0 | .00 | + \$_ | | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 0 | .00 | \$_ | | 0.00 | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 0 | .00 | \$ | | 0.00 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0. | | • | | | Φ. | | | |
| | O.L | monthly net income. | 88 | | \$_ | | .00 | \$_ | | 0.00 | |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | \$_ | | 0.00 | \$_ | | 0.00 | |
| | 04 | settlement, and property settlement. | 80 | | \$_ \$ | | 0.00 | \$_ | | 0.00 | |
| | 8d. 8e. | Unemployment compensation Social Security | 8c 8e | | \$ _ | | 0.00 | \$ \$ | | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: food stamp | ce 8f | :_ | \$_ | 0 | 0.00 | \$_ \$_ | | 194.00 | |
| | 8g. | Pension or retirement income | 80 | | \$_ | | .00 | \$_ | | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8r | Դ.+ | \$_ | 0 | .00 | + \$_ | | 0.00 | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | 5 | \$ | 250 | .00 | \$_ | | 194.00 | |
| 10 | Cald | culate monthly income. Add line 7 + line 9. | 10. | • | | 250.00 | 1 ¢ | | 194.00 | 1_[| 444.00 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | | 230.00 | . * | | 134.00 | | 777.00 |
| 11. | Incluothe Do r | te all other regular contributions to the expenses that you list in <i>Schedu</i> dide contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify: SON | ur depe | | | • | | | Schedule | e <i>J.</i> +\$ | 250.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certiles | | | | | | | e. 12. | \$ | 694.00 |
| 13. | Doy | you expect an increase or decrease within the year after you file this for | m? | | | | | | | Combine | |
| | | No. | | | | | | | | | |
| | П | Yes. Explain: | | | | | | | | | |

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| EHII | in this informa | tion to identify yo | our caca: | | | | | | | |
|-------------------|--|--|--|---|--|------------------------|-------|---------------------------------------|--|--------|
| | | | | | | | | | | |
| Deb | tor 1 | Abraham Ch | eriyakav | il Daniel | | Ch | | if this is: n amended filing | | |
| Deb | tor 2 | Saramma Ab | oraham | | | | | • | wing postpetition chap | pter |
| (Spo | ouse, if filing) | | | | | | 13 | B expenses as of | the following date: | |
| Unit | ed States Bankr | ruptcy Court for the | : NORTH | ERN DISTRICT OF ILLING | OIS | | М | M / DD / YYYY | | |
| 1 | e number nown) | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | |
| So | chedule | J: Your | Exper | ises | | | | | | 12/1 |
| Be info nur | as complete a ormation. If m mber (if know | and accurate as lore space is ne n). Answer evel | s possible. eded, atta ry question | If two married people are ch another sheet to this t | e filing together, bo form. On the top of | oth are ed any addi | quall | y responsible fo al pages, write y | or supplying correct your name and case | t • |
| Par 1. | t 1: Descr Is this a joir | ibe Your House nt case? | ehold | | | | | | | |
| • | □ No. Go to | | | | | | | | | |
| | ■ Yes. Doe | s Debtor 2 live | in a separa | ate household? | | | | | | |
| | ■ N | | | | | | | | | |
| | ПΥ | es. Debtor 2 mus | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | hold of De | ebtor | 2. | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relation | | _ | Dependent's age | Does dependent live with you? | |
| | Do not state | | | | | | | | □ No | |
| | dependents | names. | | | | | | | ☐ Yes ☐ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | □ Yes □ No | |
| | | | | | | | | | ☐ No☐ Yes | |
| 3. | | enses include | . | No | | | | | | |
| | | f people other t d your depende | | Yes | | | | | | |
| Par | | ate Your Ongoi | | v Evnansas | | | | | | |
| Est exp | imate your ex | cpenses as of yo | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | | |
| the | | h assistance an | | government assistance it luded it on <i>Schedule I:</i> Y | | | | Your exp | enses | |
| • | | • | | | | | | | | |
| 4. | | or home owners and any rent for th | | ses for your residence. In r lot. | nclude first mortgage | 4. | \$ | | 0.00 | |
| | If not includ | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | rty, homeowner's | | | | 4b. | | | 0.00 | |
| | | maintenance, re owner's associat | • | ipkeep expenses | | 4c. 4d. | - 1 | | 0.00 | |
| 5. | | | | orninium dues our residence, such as ho | me equity loans | | \$ | | 0.00 | |

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| ebtor 1 | Abraham Cheriyakavil Daniel | | | |
|----------------|---|-----------|----------------|--------------------------|
| Debtor 2 | Saramma Abraham | Case numl | ber (if known) | |
| . Uti | ities: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 200.00 |
| 6b. | | 6b. | \$ | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 0.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| . Fo | od and housekeeping supplies | 7. | \$ | 300.00 |
| | ildcare and children's education costs | 8. | \$ | 0.00 |
| . Clo | thing, laundry, and dry cleaning | 9. | \$ | 0.00 |
| 0. Pe i | sonal care products and services | 10. | \$ | 0.00 |
| 1. Me | dical and dental expenses | 11. | \$ | 0.00 |
| 2. Tra | nsportation. Include gas, maintenance, bus or train fare. | | · - | |
| Do | not include car payments. | 12. | \$ | 0.00 |
| 3. En | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 4. Ch | aritable contributions and religious donations | 14. | \$ | 0.00 |
| - | urance. | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | 4.5 | • | |
| | Life insurance | 15a. | * | 0.00 |
| | Health insurance | 15b. | · | 0.00 |
| | . Vehicle insurance | 15c. | \$ | 0.00 |
| | I. Other insurance. Specify: | 15d. | \$ | 0.00 |
| | tes. Do not include taxes deducted from your pay or included in lines 4 or 20. | 4.0 | • | |
| | ecify: | 16. | \$ | 0.00 |
| | tallment or lease payments: | 17a. | \$ | 0.00 |
| | . Car payments for Vehicle 1 | | · | 0.00 |
| | Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | c. Other Specify: | 17c. | \$ | 0.00 |
| | I. Other. Specify: | 17d. | \$ | 0.00 |
| | ur payments of alimony, maintenance, and support that you did not report ducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106 | | \$ | 0.00 |
| | ner payments you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | 19. | Ψ | 0.00 |
| | ner real property expenses not included in lines 4 or 5 of this form or on So | | ur Income. | |
| | . Mortgages on other property | 20a. | | 0.00 |
| | o. Real estate taxes | 20b. | \$ | 0.00 |
| 200 | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | I. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 1. Otl | ner: Specify: | 21. | · | 0.00 |
| | · , | | | 0.00 |
| | culate your monthly expenses | | | |
| | a. Add lines 4 through 21. | | \$ | 500.00 |
| 22k | o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J- | ·2 | \$ | |
| 220 | a. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 500.00 |
| 0 0- | and the common and the most transmission | | | |
| | culate your monthly net income. | 220 | r. | 004.00 |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 694.00 |
| 231 | c. Copy your monthly expenses from line 22c above. | 23b. | -Φ | 500.00 |
| 22/ | : Subtract your monthly expenses from your monthly income. | | | |
| 230 | The result is your <i>monthly net income</i> . | 23c. | \$ | 194.00 |
| | The result to your monthly not moonle. | | | |
| | you expect an increase or decrease in your expenses within the year after | | | |
| For | example, do you expect to finish paying for your car loan within the year or do you expect y | | | or decrease because of a |
| | lification to the terms of your mortgage? | | | |
| | No | | | |
| | Yes. Explain here: | | | |

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| Fill in this infor | rmation to identify your | case: | | | | |
|--|---|--------------------------|--------------|---------|---|---|
| Debtor 1 | Abraham Cheriya | | | | | |
| | First Name | Middle Name | Las | t Name | | |
| Debtor 2 | Saramma Abraha | m | | | | |
| (Spouse if, filing) | First Name | Middle Name | Las | t Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINO | IS | | |
| Case number | | | | | | |
| (if known) | | | | | | ☐ Check if this is an amended filing |
| f two married p You must file th obtaining mone years, or both. 1 | tion About a eople are filing togethe is form whenever you f y or property by fraud i 18 U.S.C. §§ 152, 1341, 1 | n connection with a bank | nsible for s | upplyii | ng correct information. edules. Making a false sta | tement, concealing property, or 000, or imprisonment for up to 20 |
| | n Below ay or agree to pay some | one who is NOT an attor | ney to help | you fil | Il out bankruptcy forms? | |
| ■ No | | | | | | |
| ☐ Yes. | Name of person | | | | | nkruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| • | alty of perjury, I declare re true and correct. | that I have read the sum | mary and s | chedul | les filed with this declarat | ion and |
| X /s/ Abi | raham Cheriyakavil [| aniel | x | /s/ Sa | aramma Abraham | |
| Abrah | am Cheriyakavil Dan | | | Sarai | mma Abraham | |
| Signatu | ure of Debtor 1 | | | Signa | ture of Debtor 2 | |
| Date | January 4, 2017 | | | Date | January 4, 2017 | |

| | rmation to identify your o | ase. | | | |
|--|--|---|---|--|--|
| | | | | | |
| ebtor 1 | Abraham Cheriyal | (avil Daniel Middle Name | Last Name | | |
| ebtor 2 | Saramma Abrahai | n | | | |
| ouse if, filing) | First Name | Middle Name | Last Name | | |
| nited States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS | | |
| ase number | | | | | |
| | | | | | ☐ Check if this is an amended filing |
| ficial Eon | m 106Dec | | | | |
| | | n Individua | al Debtor's Sch | odulos | *** |
| CCIAIA | tivii About a | ii iiiaiviaae | ai Debtoi 3 dei | icadic3 | 12/1 |
| | | ,,,, | | | |
| Sig | gn Below | | | · | |
| | gn Below | | torney to help you fill out bar | nkruptcy forms? | |
| | gn Below | | torney to help you fill out ban | nkruptcy forms? | |
| ears, or both. 1 | | | | | |
| n Below | • • • • • • • • • • • • • • • • • • • | | | | |
| Did you pa | gn Below | | torney to help you fill out bar | Attach <i>Bankru</i> j | |
| Did you pa | ay or agree to pay some of Name of person | one who is NOT an at | ummary and Someomice Mass | Attach Bankruj Declaration, an | otcy Petition Preparer's Notice of Signature (Official Form 119 |
| Did you part No No Yes. Under pent that the a | n Below ay or agree to pay someo Name of person alty of perjury, I declare to the street of the s | one who is NOT an at that I have read the su | ummary and Sonovine Sides paramma abraham (Jan 4. | Attach Bankrup Declaration, an | nd Signature (Official Form 119 |
| Did you part No Yes. Under pent that the a | n Below ay or agree to pay some of person alty of perjury, I declare to the land and porrect. ERITALUL BAHEL (Jan 4, 2017) raham Cheriyakavil D | one who is NOT an at hat I have read the su aniel | ummary and Someomice Mass | Attach Bankru Declaration, an Marthis declaration a 2017) Abraham | nd Signature (Official Form 119 |
| Did you particle of the pentitude of the | n Below ay or agree to pay someo Name of person alty of perjury, I declare to the street of the s | one who is NOT an at hat I have read the su aniel | ummary and Sometime disco paramma abraham (Jan 4. X /s/ Saramma | Attach Bankrup Declaration, and Marythis declaration and 2017) Abraham Oraham | nd Signature (Official Form 119 |

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| | | | | | | | | 1 | | |
|----------------|--------------------------|---|----------------------------|----------------------------|------------|--|---------------------------------|----------------|--|------|
| Fill | in this inf | ormation to identify your | case: | | | | | | | |
| Deb | tor 1 | Abraham Cheriy | | | | | | | | |
| | | First Name | | lle Name | | Last Name | | | | |
| | tor 2 use if, filing) | Saramma Abrah | | le Name | | Last Name | | | | |
| | , 0, | | | | 05 1 | | | | | |
| Unit | ed States | Bankruptcy Court for the: | NORTH | ERN DISTRICT | OF ILLI | NOIS | | | | |
| Cas (if kno | e number | | | | | | | _ | neck if this is an mended filing | |
| Sta Be as | s complet | orm 107 nt of Financial A e and accurate as possi f more space is needed, | ble. If two nattach a se | narried people | are filin | g together, both are | equally respon | sible for supp | olying correct | 4/10 |
| | | own). Answer every ques e Details About Your Ma | | and Where Yo | u Lived | Before | | | | |
| 1. | What is y | our current marital statu | s? | | | | | | | |
| | ■ Marri | ied. | | | | | | | | |
| | _ | narried | | | | | | | | |
| 2. | During th | e last 3 years, have you | lived anywl | here other than | where | you live now? | | | | |
| | - No. | | | | | | | | | |
| | ■ No □ Yes. | List all of the places you li | ved in the la | ast 3 years. Do n | ot inclu | de where you live nov | ٧. | | | |
| | Debtor 1 | Prior Address: | | Dates Debtor 1 lived there | | Debtor 2 Prior Ac | ddress: | | Dates Debtor 2 lived there | |
| | | e last 8 years, did you ev tories include Arizona, Ca | | | | | | | | erty |
| | ■ No | , | • | , | , | , | , , | 3 | , | |
| | ☐ Yes. | Make sure you fill out Sch | nedule H: Yo | our Codebtors (C | official F | orm 106H). | | | | |
| Part | 2 Exp | olain the Sources of You | r Income | | | | | | | |
| | Fill in the t | ave any income from en total amount of income you filing a joint case and you | i received fr | om all jobs and | all busir | nesses, including part | -time activities. | revious calen | dar years? | |
| | ■ No □ Yes. | Fill in the details. | | | | | | | | |
| | | | Debtor 1 | | | | Debtor 2 | | | |
| | | | Sources o Check all the | | (bef | ss income ore deductions and usions) | Sources of ir Check all that | | Gross income (before deduction and exclusions) | ns |
| | | | | | | | | | | |

Case 17-00871 Doc 1 Filed 01/11/17 Entered 01/11/17 19:18:29 Desc Main Page 52 of 84 Document **Abraham Cheriyakavil Daniel**

| Debtor 2 Saramma Abraham | | | | | Case number (if known) | | | | |
|--------------------------|------------------|----------------------------|-------------------------------|--|-------------------------------------|---|---|--|---|
| Inclu and | ide ind other | come regard oublic bene | dless of whet fit payments | | able. Examples me; interest; div | of other income are a ridends; money collect | llimony; child supp ted from lawsuits; | royalties; and | ecurity, unemployment, d gambling and lottery |
| List | each s | ource and | the gross inc | ome from each source | e separately. Do | not include income t | hat you listed in lin | ne 4. | |
| | No | | | | | | | | |
| | | Fill in the de | etails. | | | | | | |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income Describe below. | eacl (bef | ss income from h source ore deductions and usions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| | | dar year: December | 31, 2016) | | | \$0.00 | food stamp | | \$970.00 |
| | | | | SON | | \$1,500.00 | | | |
| | | dar year be December | | State Tax Returi | 1 | \$77.00 | | | |
| | | lar year: December | 31, 2014) | Federal Tax Ret | urn | \$842.00 | | | |
| | | | | State Tax Return | า | \$99.00 | | | |
| Part 3: | List | Certain Pa | yments You | ı Made Before You F | iled for Bankru | ıptcy | | | |
| 6. Are | | | | 2's debts primarily c | | | a ara dafinad in 11 | 11100 040 | 1(8) as "incurred by an |
| Ш | No. | | | a personal, family, or | | | s are defined in Ti | 0.5.0. § 10 | r(8) as incurred by an |
| | | During the | 90 days bef | ore you filed for bankı | uptcy, did you p | ay any creditor a tota | l of \$6,425* or mo | re? | |
| | | □ No. | Go to line | 7. | | | | | |
| | | □ Yes | paid that c | each creditor to whon reditor. Do not include payments to an attor | payments for d | lomestic support oblig | | | |
| | | * Subject | to adjustmer | nt on 4/01/19 and eve | ry 3 years after t | that for cases filed on | or after the date of | of adjustment. | |
| | Yes. | | | or both have primari ore you filed for bankı | • | | l of \$600 or more | ? | |
| | | □ _{No.} | Go to line | 7. | | | | | |
| | | ■ Yes | include pa | each creditor to whon yments for domestic s r this bankruptcy case | upport obligatio | | | | creditor. Do not nclude payments to an |
| 0 | J!4 - J | | .1 6 .1 .1 | Datas | . | T. (a) | A | M 41.1 | |
| Cre | ditor | s Name an | d Address | Dates o | f payment | Total amount paid | Amount you still owe | was this p | payment for |
| СН | ICAG | - | ANK | 2 MON | THS AGO | \$0.00 | \$0.00 | ☐ Mortgag | ge |
| NIL | .ES, I | L 60714 | | | | | | ■ Credit C □ Loan Re □ Supplie □ Other | |

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| Debto Debto | | | Cas | se number (if known) | | |
|----------------------|---|--|--|---|----------------------------------|---|
| <i>In</i> of a | Vithin 1 year before you filed for bankruptous iders include your relatives; any general pain which you are an officer, director, person in business you operate as a sole proprietor. 1 imony. | ortners; relatives of any gen control, or owner of 20% o | eral partners; partner r more of their voting | erships of which yog g securities; and a | ou are a genera ny managing a | al partner; corporations gent, including one for |
| | l No | | | | | |
| | , | | | | _ | |
| lı | nsider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| in | fithin 1 year before you filed for bankrupto sider? clude payments on debts guaranteed or cos | | ments or transfer a | any property on a | ccount of a de | ebt that benefited an |
| | No | | | | | |
| | , , , , | | | | | |
| li | nsider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Part 4 | Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| Li | Vithin 1 year before you filed for bankruptor st all such matters, including personal injury odifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title | Nature of the case | Court or agency | | Status of th | e case |
| v | Case number vs Debtor (See schedule F for details) | Breach of Contracts - failure to pay for goods and services rendered | Daley Center, (of Cook Coun | Circuit Court | ☐ Pending ☐ On appe ☐ Conclud | al ed |
| | | | COOK COUNT | v | ☐ Pending | |
| | | | SKOKIE | • | ☐ On appe | al |
| | | | SKOKIE, IL 600 | 077 | ■ Conclud | |
| C E | | v. | erty repossessed, f | oreclosed, garni | shed, attached | |
| C | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happened | I | | | ргоролу |
| | lithin 90 days before you filed for bankrup ecounts or refuse to make a payment bec No Yes. Fill in the details. | | uding a bank or fil | nancial institution | n, set off any a | mounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount |
| | ithin 1 year before you filed for bankrupto ourt-appointed receiver, a custodian, or a | | erty in the possess | | | fit of creditors, a |
| | No | | | | | |
| Г | l Yes | | | | | |

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Debtor 1 Abraham Cheriyakavil Daniel Debtor 2 Saramma Abraham Case number (if known) Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You \$335 Court Filing Fee debtor pays with \$335.00 Bankruptcy Court Northern Dist. IL Debtor timely 219 S Dearborn Street a separate money order for \$335 made pays directly out to "US Bankruptcy Court" (which is 7th Floor the Chicago, IL 60604 separate and not included in the \$550 Bankruptcy Law Firm Attorneys fees) Court Filing fee in money order(s) pursuant to **Court Rules** and/or Order. Credit Counseling provider \$22 Credit Counseling Course - debtor debtor pays \$22.00 chooses his/her provider, each directly to the

their services.

provider charges different amounts for

Credit

Counseling Course provider they choose Case 17-00871 Doc 1 Filed 01/11/17 Entered 01/11/17 19:18:29 Desc Main Document Page 55 of 84

Abraham Cheriyakavil Daniel

Debtor 2 Saramma Abraham Case number (if known)

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | Description and transferred | value of any prop | erty | Date payment or transfer was made | Amount of payment |
|-----|---|--------------------|--|---|--------------|---|---|
| | Law Firm Attorney Fees | | Chapter 7 Bank | Attorneys fees kruptcy pursual not include \$33 | nt to | | \$550.00 |
| | Financial Management Course provide | | Education Cou | al Management irse provider, de er provider, eac es different am | ebtor h | debtor pays directly to Debtor Education/Fin ancial Management provider they choose | \$15.00 |
| | Within 1 year before you filed for bankruptc promised to help you deal with your credito Do not include any payment or transfer that you | rs or | to make payment | | | or transfer any prop | erty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid | | Description and | value of any prop | ortv | Data navment | Amount of |
| | Address | | transferred | value of any prop | erty | Date payment or transfer was made | payment |
| | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers mainclude gifts and transfers that you have alread No | usine ade as | ss or financial aff s security (such as | fairs? the granting of a s | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Person Who Received Transfer Address | | Description and property transfer | | paymen | e any property or ts received or debts exchange | Date transfer was made |
| | Person's relationship to you | | | | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro | otcy, d otectio | lid you transfer a n devices.) | ny property to a s | elf-settled | trust or similar device | e of which you are a |
| | Yes. Fill in the details. | | | | | | |
| | Name of trust | | Description and | value of the prop | erty transfe | erred | Date Transfer was made |
| Par | List of Certain Financial Accounts, Ins | strum | ents, Safe Depos | it Boxes, and Sto | rage Units | | |
| | Within 1 year before you filed for bankruptc | y, wei | e any financial a | ccounts or instru | ments held | in your name, or for | your benefit, closed, |
| | sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, assoc ☐ No | | | | | shares in banks, cred | lit unions, brokerage |
| | Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | 4 digits of ount number | Type of accourtinstrument | c r | Date account was closed, sold, noved, or | Last balance before closing or transfer |

Entered 01/11/17 19:18:29 Case 17-00871 Doc 1 Filed 01/11/17 Desc Main Page 56 of 84 Document Debtor 1 Abraham Cheriyakavil Daniel Debtor 2 Saramma Abraham Case number (if known) Last 4 digits of Name of Financial Institution and Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or transfer Code) moved, or transferred **CHASE BANK** 01/15/2016 XXXX-1374 \$0.00 ☐ Checking **GOLF** □ Savings **NILES, IL 60714** ☐ Money Market □ Brokerage □ Other 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Nο Yes. Fill in the details. Do you still Name of Financial Institution Describe the contents Who else had access to it? Address (Number, Street, City, have it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Do you still Name of Storage Facility Who else has or had access Describe the contents Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Describe the property Value Owner's Name Where is the property? Address (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

| No Yes. Fill in the details. | | | |
|--|--|-----------------------------------|---------------|
| me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notic |

Case 17-00871 Doc 1 Filed 01/11/17 Entered 01/11/17 19:18:29 Desc Main Page 57 of 84 Document **Abraham Cheriyakavil Daniel**

| De | btor 2 | Saramma Abraham | | Case number (if known) | | | |
|-------------|-------------------|--|---|--|-------------------------|--|--|
| 25 | Havo | you notified any governmental unit of | of any rologes of hazardous material? | | | | |
| 25. | паче | you notined any governmental unit o | or any release or nazardous material? | | | | |
| | _ | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | ee of Site ress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 26. | Have | you been a party in any judicial or ac | Iministrative proceeding under any envir | onmental law? Include settlem | ents and orders. | | |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | e Title e Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | |
| Pai | rt 11: | Give Details About Your Business o | r Connections to Any Business | | | | |
| | | | · | | | | |
| 27. | | _ ' | otcy, did you own a business or have any | , | to any business? | | |
| | | □ A sole proprietor or self-employed | in a trade, profession, or other activity, | either full-time or part-time | | | |
| | | A member of a limited liability com | pany (LLC) or limited liability partnershi | p (LLP) | | | |
| | | ☐ A partner in a partnership | | | | | |
| | | ☐ An officer, director, or managing e | executive of a corporation | | | | |
| | | ☐ An owner of at least 5% of the voti | ng or equity securities of a corporation | | | | |
| | _ | | | | | | |
| | _ | No. None of the above applies. Go to | | | | | |
| | | ••• | ill in the details below for each business | | | | |
| | Bus Add | iness Name ress | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | | | |
| | | ber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | , | | |
| 28. | | n 2 years before you filed for bankrup utions, creditors, or other parties. | otcy, did you give a financial statement to | o anyone about your business? | ? Include all financial | | |
| | | No | | | | | |
| | _ | Yes. Fill in the details below. | | | | | |
| | Nam | ie | Date Issued | | | | |
| | Add | ress ber, Street, City, State and ZIP Code) | | | | | |
| | | | | | | | |
| Pai | rt 12: | Sign Below | | | | | |
| are with | true a n a bar | nd correct. I understand that making | inancial Affairs and any attachments, and a false statement, concealing property, cos \$250,000, or imprisonment for up to 20 | or obtaining money or property | | | |
| /s/ | Abra | ham Cheriyakavil Daniel | /s/ Saramma Abraham | | | | |
| | | n Cheriyakavil Daniel | Saramma Abraham | | | | |
| Sig | natur | e of Debtor 1 | Signature of Debtor 2 | | | | |
| Da | te Ja | anuary 4, 2017 | Date January 4, 2017 | | | | |
| _ | - | ttach additional pages to Your Staten | nent of Financial Affairs for Individuals F | iling for Bankruptcy (Official Fo | orm 107)? | | |
| □≀ ■≀ | | | | | | | |
| ■ \ | res | | | | | | |
| Did ■ N | | ay or agree to pay someone who is no | ot an attorney to help you fill out bankru | ptcy forms? | | | |
| | es. Na | ame of Person Attach the Banki | ruptcy Petition Preparer's Notice, Declaratio | n, and Signature (Official Form 1 | 19). | | |
| Offic | ial Forn | n 107 State | ment of Financial Affairs for Individuals Filing | for Bankruptcy | page | | |

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Debtor 1 Abraham Cheriyakavil Daniel
Debtor 2 Saramma Abraham

Case number (if known)

| Fill in this infor | mation to identify your | case: | | | | |
|---|---|---|-------------------|---|-----------------------------|--------------------------------|
| Debtor 1 | Abraham Cheriya | kavil Daniel | | | | |
| | First Name | Middle Name | | Last Name | | |
| Debtor 2 | Saramma Abraha | | | | | |
| (Spouse if, filing) | First Name | Middle Name | | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DIST | RICT (| OF ILLINOIS | | |
| Case number | | | | | | |
| (if known) | | | | | | k if this is an ided filing |
| Part 12: Sign have read the are true and converted bankgupt | answers on this Statem rrect. I understand that cy case can result in fir | ent of Financial Affa making a false state nes up to \$250,000, o | airs an ement, | id any attachments, and I declare concealing property, or obtainin risonment for up to 20 years, or i | g money or property by fra | hat the answers |
| HAM CHERNS | 2,1351, 1519, and 3571. | | | oraham (Jan 4, 2017) | | |
| /s/ Abraham (| Cheriyakavil Daniel | i | s/ Sar | ramma Abraham | | |
| | eriyakavil Daniel | | Saran | ıma Abraham | | |
| Signature of D | | 8 | ignat | ure of Debtor 2 | | |
| Date Januar | y 4, 2017 | | Date | January 4, 2017 | | |
| Did you attach a | additional pages to You | r Statement of Final | ncial A | Affairs for Individuals Filing for B | ankruptcy (Official Form 10 |)7)? |
| □ Yes | | | | | | |
| Did you pay or a | agree to pay someone v | vho is not an attorno | əy to h | elp you fill out bankruptcy forms | ? | |
| Yes. Name of | Person . Attach th | ne <i>Bankruptcy Petitio</i> | n Prep | arer's Notice, Declaration, and Sigr | nature (Official Form 119). | |

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| | otor 1 otor 2 | Abraham Cheriyakavil Daniel Saramma Abraham | | | Ca | se number (if known) | |
|--------------------|------------------|--|--|--|---------|---|--------------------|
| 5. | Have | you notified any governmental unit | of any release of | hazardous material? | | | |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | ne of site Iress (Number, Street, City, State and ZIP Code) | | nental unit (Number, Street, City, State a | nd | Environmental law, if you know it | Date of notic |
| 6. | Have | you been a party in any judicial or a | dministrative pro | ceeding under any en | vironi | nental law? Include settlement | s and orders. |
| | _ | No | | | | | |
| | _ | Yes. Fill in the details. | | | | | |
| | | e Title e Number | Court or Name Address State and Z | (Number, Street, City, | Na | ture of the case | Status of the case |
| ar | t 11: | Give Details About Your Business of | or Connections to | Any Business | | | |
| 7. | Withi | in 4 years before you filed for bankru | ptcy, did you ow | n a business or have a | ny of | the following connections to a | ny business? |
| | | A sole proprietor or self-employed | d in a trade, profe | ession, or other activity | y, eith | er full-time or part-time | |
| | | ☐ A member of a limited liability con | npany (LLC) or li | mited liability partners | hip (L | LP) | |
| | | A partner in a partnership | | | | | |
| | | ☐ An officer, director, or managing e | executive of a co | rporation | | | |
| | | ☐ An owner of at least 5% of the vot | ing or equity sec | urities of a corporation | n | | |
| | | No. None of the above applies. Go to | o Part 12. | | | | |
| | | Yes. Check all that apply above and t | fill in the details l | below for each busines | SS. | | |
| | | iness Name | Describe the | nature of the business | ; | Employer Identification numb | |
| | | IreSS ber, Street, City, State and ZIP Code) | Name of acco | ountant or bookkeeper | | Do not include Social Securit Dates business existed | y number or i i ik |
| 8. | | in 2 years before you filed for bankru tutions, creditors, or other parties. | ptcy, did you giv | e a financial statement | t to ar | yone about your business? Inc | lude all financia |
| | = | No | | | | | |
| | | Yes. Fill in the details below. | | | | | |
| | Nam | ne Iress | Date Issued | | | | |
| | | ber, Street, City, State and ZIP Code) | | | | | |
| ar | t 12: | Sign Below | | | | | |
| re 1 | rue a | the answers on this Statement of F nd correct. I understand that making nkeeptcy case can result in fines up to 12 12 1619, and 3571. | a false statemen o \$250,000, or ## | t, concealing property | , or o | otaining money or property by | |
| | | ham Cheriyakavil Daniel | | aramma Abraham | | | |
| | | m Cheriyakavil Daniel e of Debtor 1 | | mma Abraham sture of Debtor 2 | | | |
| Dat | | anuary 4, 2017 | Date | January 4, 2017 | | | |
| id ; I N] Y | you a | ttach additional pages to Your Staten | ment of Financial | | Filing | for Bankruptcy (Official Form | 107)? |
| id : | | ay or agree to pay someone who is n | ot an attorney to | help you fill out bankı | ruptcy | forms? | |
|] Y | - | ame of Person Attach the <i>Bank</i> n 107 State | | eparer's Notice, Declarat Affairs for Individuals Filir | | | F |
| Allan | ara Can | wright (c) 1996-2016 Rost Case III C - www.bastcase | | | | | Rest Case Barri |

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|--------------------------------------|
| Debtor 1 | Abraham Cheriya | kavil Daniel | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Saramma Abraha | ım | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | Chook if this is an |
| (II KIIOWII) | | | | ☐ Check if this is an amended filing |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's | ☐ Surrender the property. | □No |
| name: | ☐ Retain the property and redeem it. | |
| Description of property | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | _ |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Debtor 2 | Abraham Cheriyakavil Daniel Saramma Abraham | Case number (if known) | |
|-------------------------|---|---|---------------------------------|
| | | | |
| name: | | Retain the property and redeem it. | ☐ Yes |
| Descri | ption of | ☐ Retain the property and enter into a Reaffirmation Agreement. | |
| proper | | ☐ Retain the property and [explain]: | |
| securir | ng debt: | | - |
| | List Your Unexpired Personal Property Leas | | |
| in the info | ormation below. Do not list real estate leases. | ted in Schedule G: Executory Contracts and Unexpired. Unexpired leases are leases that are still in effect; the e if the trustee does not assume it. 11 U.S.C. § 365(p)(2 | lease period has not yet ended. |
| Describe | your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's i | name: | | □ No |
| Description Property: | on of leased | | |
| Property. | | | ☐ Yes |
| Lessor's | | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| -17 | | | □ Tes |
| Lessor's | | | □ No |
| Property: | on of leased | | ☐ Yes |
| l occorio | nama: | | П.,, |
| Lessor's in Description | on of leased | | □ No |
| Property: | | | ☐ Yes |
| Lessor's i | name: | | □ No |
| Description Property: | on of leased | | |
| i Toperty. | | | ☐ Yes |
| Lessor's | | | □ No |
| Property: | on of leased | | ☐ Yes |
| | | | |
| Lessor's i | name: on of leased | | □ No |
| Property: | | | ☐ Yes |
| Part 3: | Sign Below | | |
| Under pei | nalty of periury. I declare that I have indicated | d my intention about any property of my estate that sec | ures a debt and any personal |
| | that is subject to an unexpired lease. | , | |
| | Abraham Cheriyakavil Daniel | X /s/ Saramma Abraham | |
| | raham Cheriyakavil Daniel nature of Debtor 1 | Saramma Abraham Signature of Debtor 2 | |
| Sign | iature of Debtor 1 | Signature of Debtor 2 | |
| Date | January 4, 2017 | Date January 4, 2017 | |

Official Form 108

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| Fill | in this info | ormation to identify your | case: | | |
|----------|------------------|-----------------------------|--------------------------|-------------------------------|---|
| Del | btor 1 | Abraham Cheriya | kavil Daniel | | |
| | | First Name | Middle Name | Last Name | |
| De | btor 2 | Saramma Abraha | m | | |
| (Spo | ouse if, filing) | First Name | Middle Name | Last Name | į |
| Uni | ited States | Bankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | |
| 1 | se number | | | | |
| i (ii ki | nown) | | | | ☐ Check if this is an amended filing |
| St | ateme | of perjury, I declare that | I have indicated my inte | uals Filing Under Char | |
| PIA | AM CHERTYA | Subject to an unexpired | l lease. | saramma abraham (Jan 4, 2017) | |
| X | isi Abra | ham Cheriyakavil Dan | iel | X /s/ Saramma Abraham | |
| | Abrahai | Abraham Cheriyakavil Danlel | | Saramma Abraham | |
| | Signature | of Debtor 1 | | Signature of Debtor 2 | |
| | Date | January 4, 2017 | | Date | A |

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| Debtor 1 Debtor 2 | Abraham Cheriyakavil Daniel Saramma Abraham | Case number (# km | own) |
|--------------------------------------|--|--|---|
| nama | | | ™ 1./ |
| name: | | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a | ☐ Yes |
| Descrip | otion of | Reaffirmation Agreement. | |
| propert | у | ☐ Retain the property and [explain]: | |
| securin | g debt: | | N. ANDERSONAL PROPERTY OF THE |
| Part 2: | List Your Unexpired Personal Property Lea | ses | |
| For any unin the info | rmation below. Do not list real estate lease | sted in Schedule G: Executory Contracts and Unex s. Unexpired leases are leases that are still in effect se if the trustee does not assume it. 11 U.S.C. § 365 | ; the lease period has not yet ended. |
| Describe | your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's r | | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| Lessor's r | name: | | □ No |
| Description | on of leased | | |
| Property: | | | ☐ Yes |
| Lessor's r | | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| Lessor's r | pama: | | □ No |
| | on of leased | | □ No |
| Property: | | | ☐ Yes |
| Lessor's r | • | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's r | name: | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| ··opony | | | • |
| Lessor's name: Description of leased | | | □ No |
| Property: | | | ☐ Yes |
| Part 3: | Sign Below | | |
| Under | nalty pregjuryol declare that I have indicate | ed my intention about apy property of my estate tha | t secures a debt and any personal |
| preperby | nar is supperculo an unexpired lease. | saramma abraham (Jan 4, 2017) | |
| X Isl A | Abraham Cheriyakavii Daniel | X /s/ Saramma Abraham | |
| Abr | aham Cheriyakavil Daniel | Saramma Abraham | |
| Sign | ature of Debtor 1 | Signature of Debtor 2 | |
| Date | January 4, 2017 | Date January 4, 2017 | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

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Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

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You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

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ABRAHAM CHERIYAKVI BANGEL (Jan 4, 2017)

SQ* o mne Gi* abem saramma abraham (Jan 4, 2017)

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ABRAHAM CHERIYAKYU BANIEL (Jan 4, 2017)

Sor o mne Atrabema saramma abraham (Jan 4, 2017) Case 17-00871 Doc 1 Filed 01/11/17 Entered 01/11/17 19:18:29 Desc Main Document Page 73 of 84

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In 1 | Abraham Cheriyakavil Daniel saramma Abraham | | Case No. | |
|------|---|---|-----------------------|-------------------------------------|
| | - Garannia Abraham | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENS | SATION OF ATTOR | NEY FOR DE | ERTOR(S) |
| | | | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of contemplation. | of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 595.00 |
| | Prior to the filing of this statement I have received | | \$ | 595.00 |
| | Balance Due | | \$ | 0.00 |
| 2. | \$ of the filing fee has been paid. | | | |
| 3. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. | ■ I have not agreed to share the above-disclosed compens | sation with any other person to | unless they are mem | bers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names | | | |
| 6. | In return for the above-disclosed fee, I have agreed to rende | er legal service for all aspects | s of the bankruptcy c | ase, including: |
| | a. Analysis of the debtor's financial situation, and renderinb. Preparation and filing of any petition, schedules, statemec. Representation of the debtor at the meeting of creditorsd. [Other provisions as needed] | ent of affairs and plan which | may be required; | |
| 7. | By agreement with the debtor(s), the above-disclosed fee de | oes not include the following | service: | |
| | | CERTIFICATION | | |
| this | I certify that the foregoing is a complete statement of any as bankruptcy proceeding. | greement or arrangement for | payment to me for re | epresentation of the debtor(s) in |
| | January 4, 2017 | /s/ S. M. de Rath, | Esq. | |
| _ | Date | S. M. de Rath, Esc | զ. 6206809 | |
| | | Signature of Attorney Attorney S.M.de F | | |
| | | 233 S. Wacker Dr, | 84th FL | |
| | | Chicago, IL 60606 312-283-8606 | j | |
| | | Name of law firm | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Saramma Abraham | | Case No. | |
|-------|--|---|----------------|---------------------------|
| | | Debtor(s) | Chapter | 7 |
| | V | ERIFICATION OF CREDITOR MA | ATRIX | |
| | | Number of C | Creditors: | 44 |
| | The above-named Debtor((our) knowledge. | (s) hereby verifies that the list of credito | rs is true and | correct to the best of my |
| Date: | January 4, 2017 | /s/ Abraham Cheriyakavil Daniel Abraham Cheriyakavil Daniel Signature of Debtor | el | |
| Date: | January 4, 2017 | /s/ Saramma Abraham Saramma Abraham | | |
| | | Signature of Debtor | | |

United States Bankruptcy Court Northern District of Illinois

| In re | Abraham Cheriyakavil Danie Saramma Abraham | ı | Case No. | |
|--------|---|--|-----------------|---------------------------|
| *** ^* | Saramma Avranem | Debtor(s) | Chapter | 7 |
| | • | VERIFICATION OF CREDITOR M | ATRIX | |
| | | Number of | Creditors: _ | 32 |
| | (our) knowledge. | r(s) hereby verifies that the list of credit | ors is true and | contect to the best of my |
| Date: | January 4, 2017 | Isl Abraham Cheriyakavil Dan | iel | |
| | | Abraham Cheriyakavil Daniel Sor Strumble Struebtor saramma abraham (Jan 4, 2017) | | |
| Date: | January 4, 2017 | isi Saramma Abraham | | |
| | - | Saramma Abraham | | |
| | | Signature of Debtor | | |

United States Bankruptcy Court Northern District of Illinois

| In re | Abraham (| Cheriyakavil | Daniel, |
|-------|-----------|--------------|---------|
| | Saramma | Ahraham | |

| Case No. | | |
|----------|---|--|
| | | |
| Chapter | 7 | |

Debtors

Numbered Listing of Creditors

| Creditor name and mailing address | Category of Claim | Amount of Clain |
|--|----------------------------------|-----------------|
| 1. Amex Correspondence Po Box 981540 El Paso, TX 79998 | Unsecured claims | 3,565.00 |
| 2. Amex Correspondence Po Box 981540 El Paso, TX 79998 | Unsecured claims | 2,445.00 |
| Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410 | Unsecured claims | 10,565.00 |
| 4. Capital One Po Box 30285 Salt Lake City, UT 84130 | Unsecured claims | 961.00 |
| 5. CHASE CHASE BANK NILES, IL 60714 | Unsecured claims | 15,000.00 |
| 6. Chase Card Attn: Correspondence Po Box 15298 Wilmington, DE 19850 | Unsecured claims | 6,033.00 |
| 7. Chase Card Attn: Correspondence Po Box 15298 Wilmington, DE 19850 | Unsecured claims | 2,894.00 |
| 8. Chase Card Attn: Correspondence Po Box 15298 Wilmington, DE 19850 | Unsecured claims | 2,324.00 |
| 9. Chase Card Attn: Correspondence Po Box 15298 Wilmington, DE 19850 | Unsecured claims | 0.00 |
| 10. Citibank Citicorp Cr Srvs/Centralized Po Box 790040 S Louis, MO 63129 | Unsecured claims I Bankruptcy | 4,078.00 |

| In re | Abraham Cheriyakavil Daniel, | Case No. |
|-------|------------------------------|----------|
| | Saramma Abraham | |

Debtors

Numbered Listing of Creditors (Continuation Sheet)

| reditor name and mailing address | Category of Claim | Amount of Claim |
|---|---------------------------|-----------------|
| . Citibank Citicorp Credit Srvs/Centralized Bar Po Box 790040 Saint Louis, MO 63179 | Unsecured claims nkrup | 615.00 |
| . Citibank/The Home Depot Citicorp Cr Srvs/Centralized Bankru Po Box 790040 S Louis, MO 63129 | Unsecured claims aptcy | 0.00 |
| City of Chicago Department of Revenue, Parking Tie 333 S. State Street Chicago, IL 60602 | Unsecured claims ck | 0.00 |
| Commonwealth Edison 3 Lincoln Center Attn Bank Dept Oak Brook Terrace, IL 60181 | Unsecured claims | 200.00 |
| i. Department of the Treasury Internal Revenue Service P.O.Box 7346 Philadelphia, PA 19101-7346 | Unsecured claims | 0.00 |
| DISCOVER CREDIT CARD SKOKIE, IL 60714 | Unsecured claims | 2,000.00 |
| Discover Financial Po Box 3025 New Albany, OH 43054 | Unsecured claims | 1,763.00 |
| Divison of Traffic Safety Accident Records Division 1340 N 9th St Springfield, IL 62766-0001 | Unsecured claims | 0.00 |
| Equifax Credit Information Services Bankruptcy Department P.O Box 740241 Atlanta, GA 30374-0241 | s Unsecured claims | 0.00 |
|). Experian Bankruptcy Dept P.O.Box 2002 Allen, TX 75013 | Unsecured claims | 0.00 |
| I Dept of Human Services 100 South Grand Ave East (800) 843-6154 Springfield, IL 62762 | Unsecured claims | 0.00 |

Abraham Cheriyakavil Daniel, Saramma Abraham

| Case No. | : | |
|----------|---|--|
| | | |

Debtors

Numbered Listing of Creditors (Continuation Sheet)

| Amount of Clai | Category of Claim | itor name and mailing address | Cred |
|----------------|-------------------|--|------|
| 0.00 | Unsecured claims | Il Dept of Transportation Div of Trans/ Crash Records Section 130 North 9th St Springfield, IL 62766-0020 | 22. |
| 8,758.00 | Unsecured claims | Lending Club Corp 71 Stevenson St Suite 300 San Francisco, CA 94105 | 23. |
| 300.00 | Unsecured claims | Linebarger Goggan Blair & Sampson Attorneys at Law P O Box 06152 Chicago, IL 60606-0152 | 24. |
| 200.00 | Unsecured claims | Nicor Gas Bankruptcy Dept POB 2020 Aurora, IL 60507-0310 | 25. |
| 300.00 | Unsecured claims | Peoples Gas Chicago, IL 60687-0001 | 26. |
| 5,650.00 | Unsecured claims | Portfolio Recovery Po Box 41067 Norfolk, VA 23541 | 27. |
| 982.00 | Unsecured claims | Portfolio Recovery Po Box 41067 Norfolk, VA 23541 | 28. |
| 0.00 | Unsecured claims | Secretary of State Drivers Services Depart, Traffic V 2701 S. Dirksen Pwy Springfield, IL 62723-0001 | 29. |
| 0.00 | Unsecured claims | State of Illinois Dept. Employment Security POBox 4385 Benefit repayments Chicago, IL 60680-4385 | 30. |
| 0.00 | Unsecured claims | Synchrony Bank/Amazon Po Box 965064 Orlando, FL 32896 | 31. |
| 0.00 | Unsecured claims | TransUnion Bankruptcy Department P.O.Box 1000 Chester, PA 19022 | 32. |

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|---------------|-------|----------------|---------------------------|-----------|
| | | Document | Page 79 of 84 | |

| In re | Abraham Cheriyakavil Daniel, Saramma Abraham | Case No. |
|-------|--|---|
| • | | Debtors |
| | | DECLARATION |
| | the above-named Debtors, declare under penalty arue and correct to the best of our information and | of perjury that we have read the foregoing Numbered Listing of Creditors and th |
| | | ABRAHAM CHERIYAKUL DAMEL (Jan 4. 2017) |
| Date_ | January 4, 2017 | Signature /s/ Abraham Cheriyakavil Daniel |
| | | Abraham Cheriyakavil Daniel |
| | | Debtor |
| | | Sa-ann <u>e Attator</u> |
| | | saramma abraham (Jan 4, 2017) |
| | January 4, 2017 | Signature Isl Saramma Abraham |
| | | Saramma Abraham |
| | | Joint Debtor |
| | | |
| | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.

18 U.S.C §§ 152 and 3571.

AMCA/Amer Medical Collection Agency 4 Westchester Plaza Suite 110 Elmsford, NY 10523

Amex Correspondence Po Box 981540 El Paso, TX 79998

AXELROD DAVID J & ASSOC 1448 OLD SKOKIE RD c/o FAST CASH ADVANCE Highland Park, IL 60035

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

BELCHER MATTHEW J 350 N LASALLE#750 GENERAL CHANCERY Chicago, IL 60654

BLATT HASENMILLER LEIBSKE 10 S LASALLE#2200 c/o PORTFOLIO RECOVERY Chicago, IL 60603

BOWMAN HEINTZ BOSCIA & MC 8605 BROADWAY MIDLAND FUNDING MA Merrillville, IN 46410

Capital One Po Box 30285 Salt Lake City, UT 84130

Chase Attn: Correspd Dept/Bankruptcy Po Box 15919

Wilmington, DE 19850

Chase Card Attn: Correspondence Po Box 15298 Wilmington, DE 19850

Citibank Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129

Citibank Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Citibank/The Home Depot Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129

Citicards Cbna Citicorp Credit Svc/Centralized Bankrupt Po Box 790040 Saint Louis, MO 63179

City of Chicago Department of Revenue, Parking Tick 333 S. State Street Chicago, IL 60602

City of Chicago Department of Revenue POBox 88292 Chicago, IL 60680-1292

Commonwealth Edison 3 Lincoln Center Attn Bank Dept Oak Brook Terrace, IL 60181

CORPORATION COUNSEL 30 N LASALLE 900 C/O CITY CHICAGO Chicago, IL 60602

Department of the Treasury Internal Revenue Service P.O.Box 7346 Philadelphia, PA 19101-7346

Discover Card POBox 30395 Salt Lake City, UT 84130-0395

Discover Financial Po Box 3025 New Albany, OH 43054

Divison of Traffic Safety Accident Records Division 1340 N 9th St Springfield, IL 62766-0001

Equifax Credit Information Services Bankruptcy Department P.O Box 740241 Atlanta, GA 30374-0241

Experian
Bankruptcy Dept
P.O.Box 2002
Allen, TX 75013

Harris & Harris 600 W Jackson Blvd, Suite 400 Chicago, IL 60661

Il Dept of Human Services 100 South Grand Ave East (800) 843-6154 Springfield, IL 62762

IL Dept of Human Services 401 S. Clinton Street (800) 843-6154 Chicago, IL 60607

Il Dept of Transportation Div of Trans/ Crash Records Section 130 North 9th St Springfield, IL 62766-0020 JOJI ABRAHAM 8337 W HARRISON ST NILES, IL 60714

Landlord

Lending Club Corp 71 Stevenson St Suite 300 San Francisco, CA 94105

Linebarger Goggan Blair & Sampson Attorneys at Law P O Box 06152 Chicago, IL 60606-0152

Nicor Gas Bankruptcy Dept POB 2020 Aurora, IL 60507-0310

O'LEARY LAW FIRM LLC 20 N CLARK #850 C/O PEREZ, MARISELA Chicago, IL 60602

Peoples Gas Chicago, IL 60687-0001

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

ROGICH RICHARD B & ASSOC 111 W WASHINGTON #1200 c/o/ ARDISANA, RICHARD Chicago, IL 60602

Secretary of State Drivers Services Depart, Traffic V 2701 S. Dirksen Pwy Springfield, IL 62723-0001 SHAPIRO KREISMAN ASSOCIAT 2121 WAUKEGAN 301 WELLS FARGO BANK N A BANNOCKBURN, IL 60015

SHELIST LAW FIRM LLC 29 E MADISON#1000 C/O JIMINEZ ADRIANMARI ALLSTATE Chicago, IL 60606

State of Illinois Dept. Employment Security POBox 4385 Benefit repayments Chicago, IL 60680-4385

Synchrony Bank/Amazon Po Box 965064 Orlando, FL 32896

TransUnion
Bankruptcy Department
P.O.Box 1000
Chester, PA 19022

WELTMAN WEINBERG & REIS 180 N LASALLE ST#240 c/o DISCOVER BANK Chicago, IL 60601